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(Re	equestor's Name)		
(Ad	ldress)		
(Ac	ldress)		
(Cit	ty/State/Zip/Phone	· #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
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## **COVER LETTER**

TO: F

Registration Section
Division of Corporations

SUBJECT: Independence at Home Services, LLC.

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

## Stephen M. Merz

Name of Person

Independence at Home Services, LLC.

Firm/Company

2804 Del Prado Blvd., Suite 202-3

Address

Cape Coral, Florida 33904

City/State and Zip Code

steve@ihsservices.biz

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steve Merz

<sub>31</sub>,239

800-2063

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

**MAILING ADDRESS:** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

□ \$25 Filing Fee

■ \$55 Filing Fee & Certified Copy

INHS18 (5/08)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Independence at	Home Services, LLC.		
<ol> <li>(a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)</li> </ol>	iny: 3014 SW 15th Avenue		
(17000 1700 1700 1700 1700 1700 1700 170	Cape Coral, Florida 33914		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	3014 SW 15th Avenue		
(NOW. MAT BETOST OFFICE BOX)	Cape Coral, Florida 33914		
June 21, 2012	L12000082054	L12000082054	
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown o	n the records of the Florida		
Registered Agent:	Stephen M. Merz	3	
Registered Office Address:	3014 SW 15th Avenue		
	Cana Caral Florida 22014	<u>ω<sup>2</sup>.</u> <b>co</b> •	
	Cape Coral, Florida 33914		
dy F. Cheny D La	ENV D - '-4 1 OCC 1		
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>N</b>	EW Registered Office ad	aress:	
<u><b>NEW</b></u> Registered Agent:			
NEW Registered Office Address:	2804 Del Prado Boulevard		
(MÚST BE FLORIDA STREET ADDRESS)	Suite 202-3 Cape Coral	FI 33904	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company	Florida street address of the chical. Or, in the case of a (s) was/were authorized by wise provided in the article	ne registered office Florida limited	
Signature of member or authorized representative of a member			
Stephen M. Merz Printed or typed name of signee	<u> </u>		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address. I hereby confirm that the limited liability compand	d agree to act in this capac proper und complete perfo, position as registered ager merely reflect a change in i any has been notified in wr	ity. I further agree to rmance of my duties, it as provided for in the registered office iting of this change.	

Signature of Registered Agent