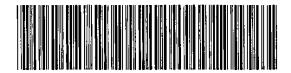
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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Care Providers at Home LLL 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:				
James E. Grimes  Name of Person				
Care Providers at Home LLC  Firm/Company 80 Sex 3554 P.O. Box 5154  box Freque Box Stay Pt box 514  Address				
Surasota Fl 34342 34277 City/State and Zip Code				
V-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Vames E. Grimes at (941)  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				

INHS18 (2/14)

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: <u>(ave fro</u>	0,	_	* Hew May hory
2 (a) 602 Treasure Boat Uty		BOX 5154	Adores
Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	V	Mailing address of fimited (Note: MAY BE POS)	
•	Can		
Mrajota, FL 3424)	_ Jarg	usota, FL 31	1+++
	_		
3/19/2012	L170	000085673	)
3//9/3013 Date of filing/registration in Florida		Document number	
5. (a) James E. Grimes			
Registered Agent and Registered Office shown on the records of t	he Florida Dept. of State	<del>:</del> :	
60% Treggare Boat Way			
Registered Office Address (MUST BE FLORIDASTREET A	(DDRFSS)		
inguisted office Addiess	arricos,	_,	
		<u>는</u> :	
Sarasota FL	34242	· · · · · · · · · · · · · · · · · · ·	· : <u></u>
	,	13	r <del></del>
(b)		17)	ļ. <del></del>
Enter name of NEW Registered Agent and/or NEW Registered	Office address:		
.1.0			
P.A.			7:45
NEW Registered Office Address:		3⊁	•
N.A			
, FL			
If the limited liebility company is not as a second of the limited liebility company is not as a second of the limited liebility company is not as a second of the limited liebility company is not as a second of the limited liebility company is not as a second of the limited liebility company is not as a second of the limited liebility company is not as a second of the limited liebility company is not as a second of the limited liebility company is not as a second of the limited liebility company is not as a second of the limited liebility company is not as a second of the limited liebility company is not as a second of the limited liebility company is not as a second of the limited liebility company is not as a second of the limited liebility company is not as a second of the limited liebility company is not as a second of the liebility company is not as a second of the liebility company is not as a second of the liebility company is not as a second of the liebility company is not as a second of the liebility company is not as a second of the liebility company is not as a second of the liebility company is not as a second of the liebility company is not as a second of the liebility company is not as a second of the liebility company is not as a second of the liebility company is not as a second of the liebility company is not as a second of the liebility company is not a second of the liebility company is no	- CA - C/ - CD	en en en en en	6 1.1 6
If the limited liability company is not organized under the law the change or changes are made, the Florida street address of	the registered office	and the business of	fice of the registered
agent will be identical. Or, in the case of a Florida limited lia	bility company, it is	hereby confirmed the	hat the change(s)
was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the I	l the fimited hability com	pany.	erwise provided in
Jana L. Jam	Jama	Printed or typed name to	
Signature of a member or authorized representative of a member		Printed or typed name to	of signee
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete the obligations of my position as registered agent as provided to merely reflect a change in the registered office address, I had notified in writing of this change.	ee to act in this capa performance of my a l for in Chapter 605, ereby confirm that t	wity. I further agree luties, and I am fam F.S. Or, if this doc he limited liability c	e to comply with the iliar with and accept rument is being filed company has been
Signature of Registered Agent			

Division of Corporations • P.O. Box 6327 • Tallahassee, Fl. 32314 FILING FEE: \$25.00