

L12000055673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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Div. of Corporations

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Care Providers at Home 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:

James E. Grimes

Name of Person

Care Providers at Home LLC

Firm/Company

~~800 Box 5154~~ P.O. Box 5154

~~602 Treasure Beach Way~~ P.O. Box 514

Address

Sarasota FL 34242 34277

City/State and Zip Code

jim.grimes5@verizon.net

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

For further information concerning this matter, please call:

James E. Grimes

Name of Person

at ( 941 )

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

**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: Care Providers at Home LLC
2. (a) 602 Treasure Boat Way (b) P.O. Box 5154 *\*New Mailing Address*  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
- Sarasota, FL 34242 Sarasota, FL 34277
3. 3/19/2013 4. L17000085673  
Date of filing/registration in Florida Document number

5. (a) Jamez E. Grimes  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

602 Treasure Boat Way  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Sarasota, FL 34242

- (b) \_\_\_\_\_  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

N.A.

NEW Registered Office Address:

N.A.

\_\_\_\_\_, FL \_\_\_\_\_

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Jamez E. Grimes  
Signature of a member or authorized representative of a member

Jamez E. Grimes  
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Jamez E. Grimes  
Signature of Registered Agent