

L12000112055

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CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 389096 5152828

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : January 20, 2023

ORDER TIME : 8:21 AM

ORDER NO. : 389096-015

CUSTOMER NO: 5152828

CHANGE OF AGENT

NAME: FAMILY FIRST HOMECARE, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX ____ PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Family First Homecare, 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:

Julia Race

Name of Person

Family First Homecare, LLC

Firm/Company

2203 N. Lois Ave, Suite 814

Address

TAMPA, FL 33607

City/State and Zip Code

julia.race@myfamilyfirsthc.com

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

For further information concerning this matter, please call:

ONATHAN BRANDES

at (954)

768-5206

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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.*

Name of the limited liability company: Family First Homecare, LLC

(a) <u>Principal office address of limited liability company:</u> <i>(Note: MUST BE STREET ADDRESS)</i> <u>2203 N. Lois Ave, Suite 700</u> <u>TAMPA, FL 33607</u> <u>08/31/2012</u> Date of filing/registration in Florida	(b) <u>Mailing address of limited liability company:</u> <i>(Note: MAY BE POST OFFICE BOX)</i> <u>2203 N. Lois Ave, Suite 700</u> <u>TAMPA, FL 33607</u> <u>L12000112058</u> Document number
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(a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
DIXON, JAMES H
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
13123 W LINEBAUGH AVE STE 201
TAMPA, FL 33626

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
Corporation Service Company
NEW Registered Office Address:
1201 Hays Street
Tallahassee, FL 32301

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)
is/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.

[Signature] CARSON BARNES
Signature of a member or authorized representative of a member 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
merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been
informed in writing of this change.*

[Signature] Assistant Vice President
Signature of Registered Agent

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