## L12000/18734

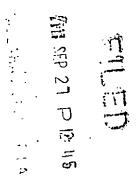
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
<u> </u>					

Office Use Only



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03/27/18--01002--026 ++25.00



103/18/25

## **COVER LETTER**

TO: Registration Section Division of Corporations		
Change of Registered Agent AddressUBJECT:	ess	
SUBJECT:Name of Lir	mited Liability Company	_
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter	r to the following:	
Olive Gaye		
Name of Person		
GenCare Resources, LLC		
Firm/Company		
7003 Presidents Drive, Suite 800	·	em sep 27
Address	<del></del>	27
Orlando, FL 32809	· .	υ···
City/State and Zip Code	<del></del>	्. स्ट
olive@gencareresources.com	•	ال جر
E-mail address: (to be used for future annual repo	rt notification)	
For further information concerning this matter, please c	call:	
Olive Gaye	407-440-2877	
Name of Person	Area Code & Daytime Telephone Num	nber
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	<b>t:</b>	
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy	

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.

	ame of the limited liability company: GenCare Heso 7003 Presidents Drive, Suite 800		7003 Pr	residents Drive, Suite 800
(a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_	(0)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Orlando	_	Orlando	
	FL 32809	_	FL 3280	9
	August 16, 2018		L120001	18734
	Date of filing/registration in Florida	4.		Document number
(a)	Olive Gaye			
( <i>a)</i>	Registered Agent and Registered Office shown on the records of the	ne Flori	ida Dept, of Stat	- e:
	6100 Lake Ellenor Drive Suite 258			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE.	<u>(SS)</u>	- 
	Orlando			
		32809	<u> </u>	
	, FL		<del></del> -	27
1. \				T 📜
b)	Enter name of NEW Registered Agent and/or NEW Registered (	Office a	ddress:	· 👨
				ទ
	Olive Gaye			, p
	NEW Registered Office Address:			
	7003 Presidents Drive, Suite 800			
	Orlando, FL_			
e li	mited liability company is not organized under the laws	e of th	e State of Flo	orida it is hereby confirmed that after
cha	nge or changes are made, the Florida street address of t	he reg	gistered office	and the business office of the registered
it w /we	ill be identical. Or, in the case of a Florida limited liab re authopized by an affirmative vote of the members of	the lin	company, it is mited liability	company or as otherwise provided in
ırtic	cles of organization or the operating agreement of the li	mited	l liabil ty com	ipany.
		-	$\bigcirc$ (( $\cup$	<u>a</u> 500
	are of a member or authorized representative of a member			Printed or typed name of signee
risio obli ere	y accept the appointment as registered agent and agreens of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change.	e to ac erforn for in creby c	ct in this cape mance of my d Chapter 605 confirm that i	ncity. I further agree to comply with the duties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been
atur	e of Registered Agent			
uetil	/			
-	e of Registered Agen  Division of Corporations • P.O. Bo	ox 632	27● Tallahas	see, FL 32314

**FILING FEE: \$25.00**