

112000 140943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

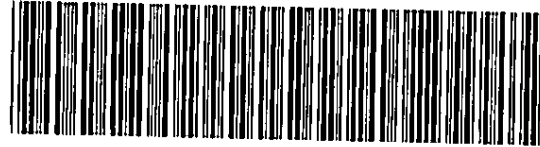
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600321440776

12/10/18--01011--026 **25.00

13 DEC 10 AM 10:20

O SIMMONS
DEC 14 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: American Adult Care, 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:

John Hauke
Name of Person

Firm/Company

8518 Tulip Ct
Address

Orlando FL 32819
City/State and Zip Code

E-mail address: (to be used for future annual report notification) johnhauke@ymail.com

For further information concerning this matter, please call:

John Hauke at (407) 506-2923
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

**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: American Adult Care, LLC
2. (a) 8518 Tulip Ct Orlando FL 32819 (b) (same)
- Principal office address of limited liability company: Mailing address of limited liability company:
- (Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

3. 11/06/2012 Date of filing/registration in Florida 4. L12000140943 Document number

5. (a) Law Office of Jon I. McGraw, P.L.
- Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

610 SE 17th St
Ocala, FL 34471

- (b) John Hauke
- Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

8518 Tulip Ct
Orlando, FL 32819

19 DEC 10 AM 10:20

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.

[Signature]
Signature of a member or authorized representative of a member

John Hauke
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.

[Signature]
Signature of Registered Agent