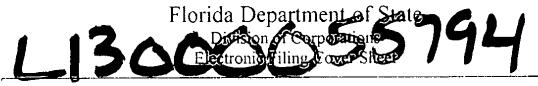
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Division of Corporations



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## LLC REGISTERED AGENT CHANGE ONE HOMECARE SOLUTIONS, LLC

Certificate of Status	0
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Estimated Charge	\$55.00

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## 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

Na	me of the limited liability company: ONE HOMECAR	E SOLUT	TONS, LLC
(a)	No Change	(b) No Change	
147	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	<u> </u>	Mailing address of finited liability company: (Note: MAY BE POST OF FICE BOX)
	500 West Main Street		
	Louisville, KY 40202	- <u>-</u>	
	04/12/2013	i	L13000055794
	Date of filing/registration in Florida	4.	Document number
(a)	KLEIN, BRENT D		
(b)	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of State.
	Registered Office Address (MUST BE FLORIDA STREET A 3850 BIRD ROAD, SUITE 602	(DDRESS)	
	MIAMI, FL	33146	
	C T Corporation System		<b>202</b> SE FAL
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	SECRETARY ALLAHASSE
	NEW Registered Office Address:		
	1200 South Pine Island Road		# 4: 21.08 21.08
	Plantation, FL	33324	프
ie cha gent v as/wi ie arti	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited likere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the ware of a member or authorized representative of a member by accept the appointment as registered agent and agricular of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address. If	the registability coordinated limited li	tered office and the business office of the registere impany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in lability company.  Davis, Manager  Printed or typed name of signee  in this canacity. I further agree to comply with the

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ASSISTANT Secretary