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SECRETARY OF STATE

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COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Division of Corporations							
Legacy	Private Car	re, LLC					
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Offic	ce Change an	d fee(s) are submitted for filing.					
Please return all correspondence concerning thi	s matter to the	e following:					
Theresa L. Minnis							
Name of Person							
Legacy Private Care, LLC			2011				
Firm/Company			SECRETARY SECRETARY				
759 S. Federal Hwy Ste 30)3		JAN -8 A				
Address			E.F.S.				
Stuart, FL 34994			A II: 00 E.FLORIS.				
City/State and Zip Code			'				
Legacyprivatecare@gmail.co							
E-mail address: (to be used for future annu	ual report not	ification)					
For further information concerning this matter,	please call:						
Theresa L. Minnis	772 at (_	286-1788					
Name of Person		Area Code & Daytime Teleph	one Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R D P	daiLING ADDRESS: degistration Section Division of Corporations O. Box 6327 fallahassee, 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. N	ame of the limited liability company: Legacy Private	e Care, LLC	
	759 S. Federal Hwy Ste 303 Stuart, FL 34994	(b) 759 S. F	Federal Hwy Ste 303 Stuart, FL 34
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	Date of filing/registration in Florida	L1300014	14706 Document number
	Theresa L. Minnis		
5. (a)	Registered Agent and Registered Office shown on the records of the 248 SE Eyerly Ave Port St. Lucie, FL 3 Registered Office Address (MUST BE FLORIDA STREET ALL)	2018 TAL	
	Port St. lucie	34983	JAN -8 A CRETARY OF LAHASSEE, F
(b)	Theresa L. Minnis Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	Office address:	D A III: 00 E.FLORIDA
	870 NW Leonardo Circle		7
	NEW Registered Office Address:		
	Port Saint Lucie , FL_	34986	
the cha agent w was/we the arti Signat I herel provisi the obli to mergified	imited liability company is not organized under the laws nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of the gles of organization or the operating agreement of the limited of a member or authorized representative of a member ov accept the appointment as registered agent and agreed one of all statutes relative to the proper and complete period of the proper and complete period of the proper of the provided of the proper and complete period of the proper of the provided of the proper of the proper of the provided of the proper of the proper of the provided of the proper of th	ne registered office illity company, it is the limited liability mited liability com	and the business office of the registered thereby confirmed that the change(s) company or as otherwise provided in apany. PERSA U. MINNIS Printed or typed name of signee