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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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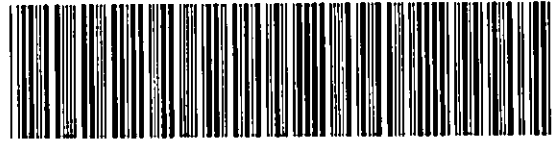
(Business Entity Name)

(Document Number)

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R. WHITE
JAN 11 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: New Care Options, 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:

Emile C. Commedore

Name of Person

New Care Options, LLC

Firm/Company

P.O. Box 271406

Address

Tampa, FL 33688-1406

City/State and Zip Code

drcomedore@gmail.com

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

For further information concerning this matter, please call:

E. Commedore

813

962-3401

at (_____) _____

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.

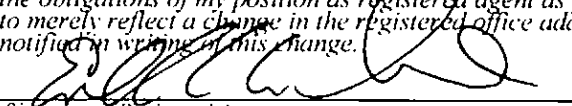
New Care Options, LLC	
1. Name of the limited liability company: _____	
2. (a) _____ 14502 N. Dale Mabry Hwy, Suite 326 Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i> Tampa, FL 33618 _____ _____ 10/25/2013	(b) _____ P.O. Box 271406 Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i> Tampa, FL 33688-1406 _____ _____ 113000150926
3. _____ Date of filing/registration in Florida Corporate Creations Network, Inc.	4. _____ Document number
5. (a) _____ Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 11380 PROSPERITY FARMS ROAD, #221E _____ Registered Office Address <i>(MUST BE FLORIDA STREET ADDRESS)</i> 11380 PROSPERITY FARMS ROAD #221E _____ PALM BEACH GARDENS, FL 33410 _____ RHMS Consults (b) _____ Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : _____ 14502 N. Dale Mabry Hwy, Suite 326 _____ <u>NEW Registered Office Address</u> : 14502 N. Dale Mabry Hwy, Suite 326 _____ Tampa, 33618, FL 33618 _____	

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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 of a member or authorized representative of a member	Emile C. Commedore, President, RHMS Consults _____ Printed or typed name of signee
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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 of Registered Agent