## LIH CCCC 61449

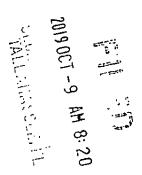
John Warren (Requestor's Name)				
(Requestor's Name)				
8833 Primater Park Blvd (Address)				
SHE 201 (Address)				
Jacksonville, A 32216				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
Social Care Savies, LLC (Business Entity Name)				
<u>L140000 (01449</u> (Document Number)				
(Locument Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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	COVER LETTER			
	gistration Section vision of Corporations			
SUBJECT	: Social Care Services, LC  Name of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.				
Please retu	an all correspondence concerning this matter to the following:			
	John Warren Name of Person			
	Social Care Services, UC Firm/Company			
88	33 Penmeler Pork Bludi Ste. 201 Address			
<u>J</u> 0	CHANVILLE FL 32216  City/State and Zip Code			
SOCI E-ma	al Core Services @ amail. com il address: (to be used for future annual report notification)			
For further information concerning this matter, please call:				
Joh	Name of Person at (904) 294-5329  Area Code & Daytime Telephone Number			
Re Di Cl 26	REET/COURIER ADDRESS: gistration Section vision of Corporations ifton Building 61 Executive Center Circle Ilahassee, 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 & Certified Copy			
INHS18 (2/	1 <del>4)</del> ,			

## 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

Florida.	following statement in order to change its register	ed office of registered agent, or both, in the state of
1. Name	of the limited liability company:	al Care Services, U.C.
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b) 8833 Penmer Pack Blv.  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Ste 201	St 201
	Jochsonville, FI 32214	Jacksmuille, Fl 32216
	Date of filing/registration in Florida 4.	Document number
5. (a)	John Warren	
Reg	sstered Agent and Registered Office shown on the records of the Fl	TW - 1
_	8833 Perinviter Park Bly	d 4237 Salisberikal
Re	gistered Office Address (MUST BE FLORIDA STREET ADDR	ESSI SI
	Ste 201	2019 OCT
	Jacksonville , FL	32216
(b)	er name of NEW Registered Agent and/or NEW Registered Office	e address:
NI	1 5w 8833	Perimeto Park Bld 8
	W Registered Office Address:	)
· _ <u>9</u>	Jacksonville Afor , FL F	10 32216
the change agent will was/were	led liability company is not organized under the laws of or changes are made, the Florida street address of the repetition be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of the specorganization or the operating agreement of the limits.	registered office and the business office of the registered y company, it is hereby confirmed that the change(s) limited liability company or as otherwise provided in
1/4	E Jan	John Warren
Signature	of a member or authorized representative of a member	Printed or typed name of signee
provisions the obligat to merely t	ccept the appointment as registered agent and agree to of all statutes relative to the proper and complete performs of my position as registered agent as provided for reflect a change in the registered office address, I herely writing of this change.	act in this capacity. I further agree to comply with the ormance of my duties, and I am familiar with and accept in Chapter 605, F.S. Or, if this document is being filed by confirm that the limited liability company has been
<u>C:</u>	F Registered Alexand	