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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: CareFlorida, LLC				
Na	me of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.			
Please return all correspondence concerning to	his matter to the following:			
Brent Hanlon				
Name of Person				
Firm/Company				
7407 SE Hill Terrace				
Address				
Hobe Sound, FL 33455				
City/State and Zip Code				
bhanlon@loblollyinfo.com				
E-mail address: (to be used for future an	nual report notification)			
For further information concerning this matter	r, please call:			
Brent Hanlon	at (
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			
INHS18 (2/14)				

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.	Na	me of the limited liability company: CareFlorida, L	LC		
2	(a) .	7407 SE Hill Terrace	(1	b)	7407 SE Hill Terrace
٠.	(4) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (.	υ,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Hobe Sound, FL 33455	- -	-	Hobe Sound, FL 33455
		6/25/14		L	_14000102313
3,		Date of filing/registration in Florida	4.		Document number
5.	(a)	Howard E. Googe, Jr., Esq.			
	(-)	Registered Agent and Registered Office shown on the records of the	he Florid	a E	Dept. of State:
		401 SE Osceola Street, Suite 101			
		Registered Office Address (MUST BE FLORIDA STREET A	DDRES.	S)	
		.!			
		Stuart , FL	34994	1	FILED LARY OF HASSEE, F
	(b)	BIZENT PI-Kenslas	0.65		STA STA
		Enter name of NEW Registered Agent and/or NEW Registered 6 Brent Hanlon	onice hy	<u>111</u>	
		NEW Registered Office Address:			
		7407 SE Hill Terrace			
		Hobe Sound , FL_	33455	5	
the	e char ent w s/we artic	mited liability company is not organized under the law nge or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law of a member or numerized representative of a member by accept the appointment as registered agent and agreement of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change	the regi bility of the lin imited	on nit lia	ered office and the business office of the registered npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in ability company. **Printed or typed name of signee**
_			ēreby c	on	nfirm that the limited liability company has been
Si	matur	e of Registered Agent	 ,	_	