LEDDO 1529

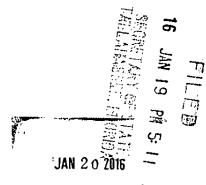
(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
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S. YOUNG

MARK R. FORTUNATO ATTORNEY AND COUNSELOR AT LAW

3296 STONES THROW AVE. POLAND, OHIO 44514

PHONE 330.757.7171 FAX 330.757.4234

January 13, 2016

Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallassee, FL 32314

Re: Psalm 127

Sir/Madam:

Please find enclosed the following:

- 1. Cover letter regarding Psalm, 127.
- 2. Statement of change of Registered Agent
- 3. Filing fee of \$25.00

Please contact the undersigned with any questions or if you need further information.

Sincerely,

Mark Fortunato

COVER LETTER

TO: Registration Section Division of Corporations	;					
PSALM 127,LLC SUBJECT:						
	mited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing					
Please return all correspondence concerning this matte	er to the following:					
MICHAEL S. SENCHAK						
Name of Person						
P:/O	\ \tag{\tag{\tag{\tag{\tag{\tag{\tag{					
Firm/Company						
15025 SPINNAKER COVE DRIVE						
Address						
WINTER GARDEN , FLORIDA 34787						
City/State and Zip Code						
senchak@firstlighthomecare.com						
E-mail address: (to be used for future annual rep	ort notification)					
For further information concerning this matter, please	call:					
MICHAEL S. SENCHAK	330 318 3234					
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	ame of the limited liability company: PSALM, 127	, 24	40	2				
2. (a)			ሌነ					
2. (u)	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)				-	(Note: MAY BE POST OFFICE BOX)		
	15205 SPINNAKER COVE DR			15205 \$	PINNAKER	COVE DROVE		
	WINTER GARDEN , FLORIDA 34787	- 		WINTE	R GARDEN	, FLORIDA 34787		
	01/12/2015		L	.150000	11529			
3.	Date of filing/registration in Florida	4.	_		Document n	ımber		
5. (a)	DAVID M. STEWART			•				
J. (a)	Registered Agent and Registered Office shown on the records of t	he Flori	ida l	Dept. of Sta	te:			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE	<u>(SS)</u>	 -	_	,		
	131 E PARK SHORE CIRCLE UNIT 16E					三		
	VERO BEACH , FL	3296	33					
(b)	MICHAEL S. SENCHAK					ILES DA		
(5)	Enter name of NEW Registered Agent and/or NEW Registered	Office	add	ress:	-	: ";		
				i ji				
	NEW Registered Office Address:			<u> </u>	_			
	15205 SPINNAKER COVE DRIVE				_			
	WINTER GARDEN, FLA FL	3478	7		_			
the charge was/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the reability f the limited	gis con imi d li	tered office mpany, it ted liabili ability con	ce and the busi is hereby conf ty company or mpany. SENCHAK	ness office of the registered irmed that the change(s) as otherwise provided in		
Signa	fure of a member or authorized representative of a member				Printed or type	d name of signee		
provis the ob to mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I is din writing of this change.	ee to d perfor d for ti hereby	act rma n C	in this cap nce of my hapter 60 nfirm that	pacity. I furth duties, and I 5, F.S. Or, if t the limited li	er agree to comply with the am familiar with and accept this document is being filed ability company has been		
Signati	ire of Registered Agent							