

LIS 0000 17476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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15 JUL 30 AM 7:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 03 2015

J SHIVERS

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 21, 2015

CORNERSTONE HOME CARE ASSISTANCE OF TAMPA, LLC
300 MADISON ST SUITE 201
TAMPA, FL 33602

SUBJECT: CORNERSTONE HOME CARE ASSISTANCE OF TAMPA, LLC
Ref. Number: L15000013476

We have received your document for CORNERSTONE HOME CARE ASSISTANCE OF TAMPA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 215A00015225

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. Name of the limited liability company: Cornerstone Home Care Assistance of Tampa

2. (a) 300 Madison Street (b) 300 Madison Street

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

suite 202

Tampa, FL 33602

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

suite 202

Tampa, FL 33602

1/22/2015

L15000013476

3. Date of filing/registration in Florida

4. Document number

5. (a) INCORP SERVICES, INC.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

17888 67TH COURT NORTH

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

LOXAHATCHEE, FL 33470

(b) Cornerstone Home Care Assistance of Tampa / Michael Neuman

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

300 Madison Street

NEW Registered Office Address:

suite 202

Tampa, FL 33601

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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.

Michael Neuman
Signature of a member or authorized representative of a member

Michael Neuman
Printed or typed name of signee

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.

Michael Neuman
Signature of Registered Agent