

L150000015440

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 06 2017

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Charmed Life Homecare 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:

Laurel Smith

Name of Person

Charmed Life Homecare LLC

Firm/Company

1615 South Congress Ave #103

Address

Delray Beach, FL 33445

City/State and Zip Code

VMCPREZ@aol.com

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

For further information concerning this matter, please call:

Laurel Smith

Name of Person

at (561) 756 7981

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

**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: Charmed Life Homecare LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

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

1615 South Congress #103

Delray Bch, FL 33445

1/26/2015

Mailing address of limited liability company:

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

269 NE 2nd Ave

Delray Bch, FL 33444

L 15000015440

3. Date of filing/registration in Florida

4.

Document number

5. (a) Claudia Williams Langton
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Claudia Williams Langton

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

7664 Stirling Bridge N

Delray Bch, FL 33446

(b) Claudia Langton

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

7656 Stirling Bridge Blvd N

NEW Registered Office Address:

Delray Bch, FL 33446

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.

Paul Smith

Signature of a member or authorized representative of a member

Paul Smith

Printed or typed name of signer

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.

X C. Langton

Signature of Registered Agent

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