

5/8/2008

Division of Corporations

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.  
Account Number : I20090000081  
Phone : (307)200-2803  
Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: \_\_\_\_\_

LLC REGISTERED AGENT CHANGE  
ALL ABOUT CARE LLC

|                       |         |
|-----------------------|---------|
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# 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: ALL ABOUT CARE LLC
2. (a) 3080 N Rocky Pt Dr  
Principal office address of limited liability company  
(Note: MUST BE STREET ADDRESS)  
STE 150A  
Tampa, FL 33607
- (b) 150 Busch Dr  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
#77555  
JACKSONVILLE, FL 32226-7555
3. 02/24/2016  
Date of filing/registration in Florida
4. LS 6000037516  
Document number

5. (a) SPIEGEL & UTRERA, P.A.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

3030 N Rocky Pt Dr  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
STE150A  
MIAMI, FL 33607

- (b) Registered Agents Inc.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

3030 N. Rocky Point Dr.  
NEW Registered Office Address:  
STE 150A  
Tampa, FL 33607

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.

Riley Park  
Signature of a member or authorized representative of a member

Riley Park  
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.

Bill Havre  
Signature of Registered Agent

Bill Havre Assistant Secretary

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00

FILED  
18 MAY -8 AM 8:46  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS