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(FAX)

P.001/002

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : PARANET CORPORATION SERVICES, INC.  
Account Number : I20090000069  
Phone : (800)277-9977  
Fax Number : (800)815-0477

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

Email Address: cpatten@aegismedicalgroup.com

LLC REGISTERED AGENT CHANGE  
ACTIVE HOME HEALTH SOLUTIONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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TALLAHASSEE, FLORIDA

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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: <u>ACTIVE HOMB HEALTH SOLUTIONS, LLC</u>	
2. (a) <u>7708 ISABELLA LANE</u> Principal office address of limited liability company: (Note: <u>MUST BE STREET ADDRESS</u> ) <u>ODESSA, FL 33556</u>	(b) <u>7708 ISABELLA LANE</u> Mailing address of limited liability company: (Note: <u>MAY BE POST OFFICE BOX</u> ) <u>ODESSA, FL 33556</u>
3. <u>06/06/2016</u> Date of filing/registration in Florida	4. <u>L16000109216</u> Document number
5. (a) <u>CF Registered Agent, Inc.</u> Registered Agent and Registered Office shown on the records of the Florida Dept. of State: <u>100 S. Ashley Drive</u> Registered Office Address <u>(MUST BE FLORIDA STREET ADDRESS)</u> <u>Suite 400</u> <u>Tampa</u> , FL <u>33602</u>	
(b) <u>NRAI Services, Inc.</u> Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : <u>1200 SOUTH PINE ISLAND RD</u> <u>NEW Registered Office Address</u> : <u>PLANTATION</u> , FL <u>33324</u>	

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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.

[Signature]  
Signature of a member or authorized representative of a member

Sidney W. Morgan  
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.

By: Natalie Laiba-Paul  
Signature of Registered Agent  
Natalie Laiba-Paul - Assistant Secretary

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

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