

Florida Department of State  
Division of Corporations  
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L16000129834

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Division of Corporations  
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Account Name : NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.  
Account Number : 073222003555  
Phone : (561)686-3307  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: hmann@nasonyeager.com

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2024 APR 10 PM 4:34  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT CHANGE  
AMERICARE HOME HEALTH CARE, LLC**

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

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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: AMERICARE HOME HEALTH CARE, LLC
2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
415 NW 12TH STREET  
DELRAY BEACH, FL 33444
- (b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
415 NW 12TH STREET  
DELRAY BEACH, FL 33444
3. 07/08/2016  
Date of filing/registration in Florida
4. L16000129834  
Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
HINNERS, BRIAN  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
777 EAST ATLANTIC AVENUE, SUITE 200  
DELRAY BEACH, FL 33483

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
Brian J. Hinners  
NEW Registered Office Address:  
415 NW 12TH STREET  
DELRAY BEACH, FL 33444

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.

Brian Hinners

Brian J. Hinners, CEO

Signature of a member or authorized representative of a member

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.

Brian Hinners

Signature of Registered Agent

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

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