

U60001SG121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500309382575

02/26/18--01010--019 **25.00

FILED
2018 FEB 26 A 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Assure Home Care, 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:

Joe-Hannah F. AVRIL
Name of Person

Assure Home Care, LLC
Firm/Company

293 Wychmere Terrace
Address

Wellington FL 33414
City/State and Zip Code

Joehannah81@gmail.com
E-mail address: (to be used for future annual report notification)

FILED
2018 FEB 26 A 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Joe-Hannah AVRIL at (561) 312-4718
Name of Person 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: Assure Home Care, LLC
2. (a) 293 Wychmere Terrace (b) 293 Wychmere Terr.
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
Wellington FL 33414 Wellington FL 33414

3. 8/19/2016 Date of filing/registration in Florida 4. L16000156121 Document number

5. (a) Joe-Hannah A. Louisma
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
293 Wychmere Terrace
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Wellington
Wellington, FL 33414

- * (b) Joe-Hannah F. Avril →
Enter name of NEW Registered Agent and/or NEW Registered Office address:

293 Wychmere Terrace
Wellington FL 33414
Wellington, FL 33414

FILED
2010 FEB 26 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
This is correct update name.

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.

Avril Signature of a member or authorized representative of a member Joe-Hannah Avril 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.

Avril
Signature of Registered Agent