

L160001601894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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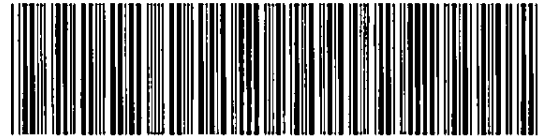
(Business Entity Name)

(Document Number)

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2017 OCT 10 A 8:28  
TALLAHASSEE, FLORIDA

D. SCOTT

OCT 13 2017

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: True Care Services of Florida, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wen Liu

Name of Person

TRUE CARE SERVICES OF FLORIDA, LLC

Firm/Company

7193 SW 34th Pl

Address

Gainesville, FL 32608

City/State and Zip Code

liuwentj@hotmail.com

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

For further information concerning this matter, please call:

Wen Liu

352

328-1376

at ( )

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

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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: TRUE CARE SERVICES OF FLORIDA, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

7193 SW 34th Pl, Gainesville, FL 32608

7193 SW 34th Pl, Gainesville, FL 32608

August 26th, 2016

L16000160694

3. Date of filing/registration in Florida

4. Document number

5. (a) Travis Crabtree

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Legalcorp Solutions, LLC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

3440 W Hollywood Blvd. Suite 415

Hollywood, FL 33021

(b) Wen Liu

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

NEW Registered Office Address:

7193 SW 34th Pl

Gainesville, FL -32608

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.

Wen Liu

Signature of a member or authorized representative of a member

Wen Liu

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.*

Wen Liu

Signature of Registered Agent