11600188156

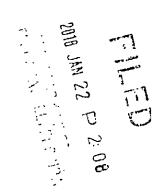
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



000307908510

01/22/18--01020--028 **25.00



D. SCOTT

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: A Better Life Senior Care Name of Limited Liability Company	LLC
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:	
William Thrush Name of Person	
A Better Life Senior Care LLC Firm/Company	_
501 Goodlette Rd. N D-100 Address	2018 JAN 22
Naples, FL 34102 City/State and Zip Code	D 2: 08
William, thrush a a better life senior care. (Or E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
William Thrush at (239), 248-79 Name of Person Area Code & Days	15 time 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 Corporation Division of Corporation P.O. Box 6327 Tallahassee, Florida 32	18

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

🖄 \$25 Filing Fee

Enclosed is a check for the following amount:

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.

i ioi iuu.	0
1. Name of the limited liability company: A	Setter Life Senior Care LLC
	mpany: (b) 501 Goodlette Rd N, D 100, 34102 Mailing address of limited liability company:
Naples FL 34102	
10/11/2016	L16000188156
Date of filing/registration in Florid	
S. (a) VONNA Thrush, M Registered Agent and Registered Office shown on the	
	A STREET ADDRESS)
501 Goodlette Rd A) <u>V-100</u>
Naples	
(b) Traceann Handy Enter name of NEW Registered Agent and/or NEW	
501 Goodlette Rd 1 NEW Registered Office Address:	N, D-100
Naples	, FL 34102
he change or changes are made, the Florida street agent will be identical. Or, in the case of a Florida	der the laws of the State of Florida, it is hereby confirmed that after address of the registered office and the business office of the registered limited liability company, it is hereby confirmed that the change(s) nembers of the limited liability company or as otherwise provided in ent of the limited liability company.
William Heresh	WILLIAM THRUSH
Signature of a member or authorized representative of a men	nber 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.

Signature of Registered Agent