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(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
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(Business Entity Name)					
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Logan Hall logan.hall@cscglobal.com

Date: October 31, 2018

Order#: 458906/010

Re: DISTINCTIVE HOME CARE OF CENTRAL FLORIDA, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Logan Hall c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

FILE D

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. Na	me of the limited liability company: DISTINCTIVE H	OME CA	RE OF CENTRAL FLORIDA,	LLC	
2 (a)	3200 SW 34TH AVENUE	(b)	6450 NW 5TH WAY		
2. (4)	Principal office address of limited liability company:	_ (0)	Mailing address of limite	ed liability company:	
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POS	. , ,	
	BLDG. 5, SUITE 501A	_			
	OCALA, FL 34474 UN	_	FORT LAUDERDALE, FL 33	3309 UN	
	01/20/2017		L17000016710		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	MOSKOWITZ, MICHAEL W				
` ,	Registered Agent and Registered Office shown on the records of the	e Florida l	Dept. of State:		
	800 CORPORATE DRIVE				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	SUITE 500		ر ت د	<u>∞</u>	
	FT LAUDERDALE FL	33334			
(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered C		ress:	-2 M 6:	
	1201 Hays Street				
	NEW Registered Office Address:				
	Tallahassee, FL_	32301			
Signate I hereby provision the oblito mere notified	y accept the appointment as registered agent and agree one of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address. I he is writing of this change	he registorility conthe limited liand in the limited liand in the limited liand in the limited liand in the l	tered office and the business of mpany, it is hereby confirmed to ted liability company or as other ability company. Ilmi, Authorized Person Printed or typed name of this capacity. I further agree the of my duties, and I am form	ffice of the registered that the change(s) erwise provided in of signee e to comply with the iliar with and accept cument is being filed company has been	