

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Comfort Care Staffing Services, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathy Ori

Name of Person

Profit Keepers

Firm/Company

1466 E. Michigan St

Address

Orlando, FL 32806

City/State and Zip Code

kathy@profitkeepers.com

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 FEB 15 AM 11:24

For further information concerning this matter, please call:

Kathy Ori

Name of Person

407

Area Code

228-1317

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
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: Comfort Care Staffing Services, LLC

SECOND: The Florida Document number of the limited liability company is: L17000025931

THIRD: Document to be corrected is: Article IV: name of member

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The incorrect statement: Nicole Waldman, title MGR

The correct statement: Nicole Waldman, title MGRM

OR

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

The electronic transmission of the record was defective.

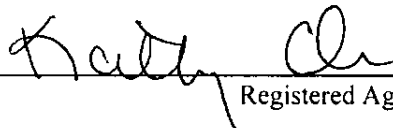
Signature of Authorized Representative

Date

Signature of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

New Registered Agent's Signature, if changing Registered Agent:

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.



Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 FEB 15 AM 11:24