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(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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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#: 458906/012

Re: DISTINCTIVE HOME CARE OF SOUTHWEST 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

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	ame of the limited liability company: DISTINCTIVE HO	ME CAI	RE OF SO	UTHWEST FLORIDA, LLO	<u> </u>
2. (a)	207 CROSS STREET	(b)	6450 N\	W 5TH WAY	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		λ	failing address of limited liabili (Note: MAY BE POST OFF)	• •
	UNIT #204	-			
	PUNTA GORDA, FL 33950	-	FT. LAUE	DERDALE, FL 33309	
	02/01/2017		L1700002	5970	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	MOSKOWITZ, MICHAEL, W			. 62	
. ,	Registered Agent and Registered Office shown on the records of the	Fiorida I	Dept. of State:	·	
	800 CORPORATE DRIVE				
	Registered Office Address (MUST BE FLORIDA STREET ADI	<u>DRESS)</u>		1	
	SUITE 500			Ţ	; i i
	FT LAUDERDALE , FL 3	33334			ر. لب
					.J
(b) ₋	Corporation Service Company				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Off</u>	tice addr	<u>'ess</u> :		
	1201 Hays Street				
	NEW Registered Office Address:				
	Tallahassee , FL 3	32301			
the cha agent v was/wa	imited liability company is not organized under the laws or inge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabile are authorized by an affirmative vote of the members of the icles of organization or the operating agreement of the limited	e registe lity con he limit	ered office npany, it is ed liability	and the business office of hereby confirmed that the company or as otherwise	f the registered c change(s)
	Xel & arei	Jill Ci	lmi, Author	ized Person	
Signa				Printed or typed name of signe	
provisi the obl to mer	ly accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete per igations of my position as registered agent as provided for the reflect a change in the registered office address, I here in the property of this change.	to act i rformar or in Cl eby cor	n this capa nce of my d napter 605, nfirm that t	city. I further agree to ca luties, and I am familiar w F.S. Or, if this documen he limited liability compa	mply with the ith and accept is being filed ny has been
Signatu	re of Registered Agent Corporation Service Company B	SY: Gra	ice E. Kirl	oy, Assistant Vice Presi	dent