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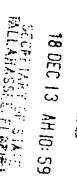
(Re	equestor's Name)			
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(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Bu	usiness Entity Nan	ne)		
(Do	ocument Number)			
Certified Copies	Certificates	of Status		
Certified Copies	_ Certificates	S Of Status		
Special Instructions to Filing Officer:				

Office Use Only

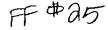


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COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations					
GOLD STANDARD OF CARE OF SUBJECT:	FORT LAUDERDALE LLC				
SUBJECT: Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter	er to the following:				
RICKI KANETI					
Name of Person	 _				
GOLD STANDARD OF CARE OF FORT LAU	JDERDAI				
Firm/Company					
1280 HARBOR COURT					
Address					
HOLLYWOOD, FL 33019					
City/State and Zip Code					
ricki@rickikaneti.com					
E-mail address: (to be used for future annual rep	ort notification)				
For further information concerning this matter, please	call:				
RICKI KANETI	954 283 - 1048				
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				

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. N	Jame of the limited liability companie GC)LD STANDARD OF C	ARE OF FT. LAUDERI	DALE LLC	
2. (a)	1280. Harbar Lourt (b) 200 S. ROSEMARY AVE				
2. (a,	Principal office address of limited liability		Mailing address of limited liab	ility company:	
	(Note: MUST BE STREET ADDR	(ESS)	(Note: MAY BE POST OF	FICE BOX)	
	Hollywood jFL	33019 WE	ST PALM BEACH, FL 33	401	
	04/26/2017	<u></u>	17000093106_		
3.	Date of filing/registration in Flo	rida 4.	Document number		
5. (a	ANNA LENCHUS ESQ.				
	Registered Agent and Registered Office shown on 2385 NW EXECUTIVE CTR DR.		of State:		
			······································		
	Registered Office Address (MUST BE FLOR	IDA STREET AUDRESSI		⋝ !⇔	
			•	<u> </u>	
	BOCA RATON	, _{FL} 33401		を表現	
(b)	RICKI KANETI			\$35 	
ζ*,	Enter name of NEW Registered Agent and/or NE	EW Registered Office address:		AH IO:	
	200 S. ROSEMARY AVE			1415 1415 10: 55	
	NEW Registered Office Address:			_	
	WEST PALM BEACH	, _{FL} 33401			
agent was/v the ar	limited liability company is not organized nange or changes are made after Florida strewill be decrical. Or, in the case of a Florida cree authorized by an artismative vote of the ticles of organization or the operating agree	ida limited liability compan ne members of the limited li ement of the limited liability	y, it is hereby confirmed that t ability company or as otherwis	he change(s) se provided in	
_	adde of a mother of authorized representative of a				
I her provi the ol to me notifi	eby accept the oppointment is registered a sions of all statutes relative to the proper a bligations of my position as registered ager rely reflect, a change is the reflictered offic eding withing of this change.	gent and agree to act in this nd complete performance of it as provided for in Chapte e address, I hereby confirm	s capacity. I further agree to c of my duties, and I am familiar or 605, F.S. Or, if this docume that the limited liability comp	comply with the with and accept nt is being filed cany has been	
Signa	ture of Registered Agent				