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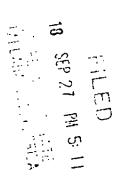
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Special Instructions to Filing Officer:		





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## **COVER LETTER**

TO: Registration Section Division of Corporations Change of Registered Agent Address SUBJECT: Name of Limited Liability Company 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: Olive Gaye Name of Person GenCare Staffing Solutions, LLC Firm/Company 7003 Presidents Drive, Suite 800 Address Orlando, FL 32809 City/State and Zip Code olive@gencareresources.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Olive Gaye 407-440-2877 Area Code & Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 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	GenCare Sta	affing Sol	utions, LLC
	7003 Presidents Drive, Suite 800	(b)	7003 Presidents Drive, Suite 800
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Orlando		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Orlando
	FL 32809		FL 32809
	August 16, 2018	L	17000125816
3. 5. (a)	Date of filing/registration in Florida Olive Gaye	4.	Document number
ν. (ω)	Registered Agent and Registered Office shown on the records of 6100 Lake Ellenor Drive Suite 258	the Florida D	ept, of State:
	Registered Office Address (MUST BE FLORIDA STREET) Orlando	ADDRESS)	<del></del>
	, FL	32809	
(b) _	Enter name of NEW Registered Agent and/or NEW Registered	Office addre	SEP 27 PM
	Olive Gaye		•
	NEW Registered Office Address: 7003 Presidents Drive, Suite 800		
	Orlando , FL	32809	
Signatur  I hereby provision the oblig to merely notified i	mited liability company is not organized under the law ge or changes are made, the Florida street address of all be identical. Or, in the case of a Florida limited lia e authorized by an affirmative vote of the members of les of organization or the operating agreement of the law of a member or authorized representative of a member of accept the appointment as registered agent and agree as of all statutes relative to the proper and complete particular of my position as registered agent as provided of five in the registered office address, I he writing of this change.	the register bility comp f the limited limited liab	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in litty company.  Printed or typed name of signee

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25,00