

L17000229369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

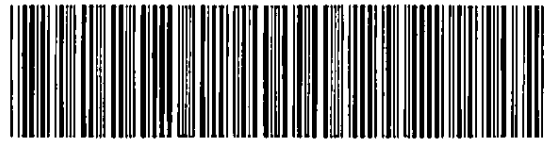
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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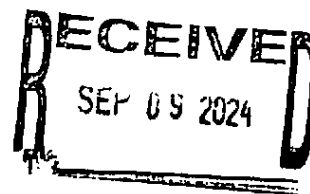
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 12, 2024



AUGUSTINE EGBO  
101 N WOODLAND BLVD STE 307  
DELAND, FL 32720

SUBJECT: ALPHA CARE - HOME & HEALTH SERVICES, LLC  
Ref. Number: L17000229369

We have received your document for ALPHA CARE - HOME & HEALTH SERVICES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

SHANTELL BROWN  
Regulatory Specialist II

Letter Number: 524A00017743

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Alpha Care - Home & Health Services, LLC  
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:

FELICIA EGBD

Name of Person

Firm/Company

101 N. WOODLAND BLVD, STE 307

Address

DELAND, FLORIDA 32720

City/State and Zip Code

alphahealthcare1@gmail.com

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

For further information concerning this matter, please call:

AUGUSTINE EGBD

Name of Person

at ( 386 ) 275-2735

Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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. Name of the limited liability company: ALPHA CARE - HOME & HEALTH SERVICES, LLC
2. (a) 101 NORTH WOODLAND BLVD, STE 307 (b) 101 N. WOODLAND BLVD; STE 307  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

DELAND, FLORIDA 32720

DELAND, FL 32720

3. Jan 01, 2018  
Date of filing/registration in Florida

4. L17000229369  
Document number

5. (a) FELICIA EGBO  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

101 N WOODLAND BLVD.  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

STE 307  
DELAND, FL 32720

- (b) TEMPERANCE PEREZ  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

101 N WOODLAND BLVD.  
NEW Registered Office Address:

STE 307  
DELAND, FL 32720

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

ALPHA CARE  
Signature of a member or authorized representative of a member

EGBO, AUGUSTINE A  
Printed or typed name of signer

*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.*

TEMPERANCE PEREZ  
Signature of Registered Agent