

L18000 008 034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

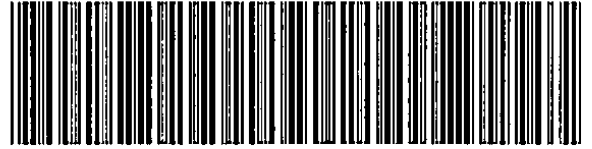
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEP 13 2019

S. YOUNG

August 30, 2019

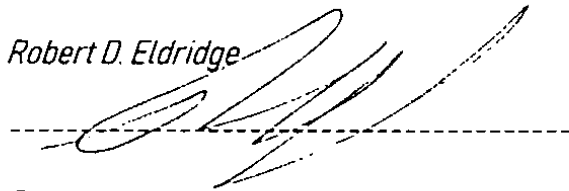
To Whom It May Concern.

I am the Registered Agent for Senior Home Care Solutions LLC and my address was 2508 Bay Drive #103, Pompano Beach, Florida when I first started the company on 01/09/2018. Effective September 1, 2019 my new address will also be 353 Lofts Drive, Melbourne Florida 32940 which had already been changed through Sunbiz in 2018.

I am just changing my address to the 353 Lofts Drive address as I have finished my lease in Pompano Beach August 31, 2019.

Thank You.

Robert D. Eldridge

A handwritten signature in black ink, appearing to read 'R. Eldridge', is written over a horizontal dashed line.

Registered Agent

954-773-5547

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SENIOR HOME CARE SOLUTIONS 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:

ROBERT D. ELDRIDGE

Name of Person

SENIOR HOME CARE SOLUTIONS

Firm/Company

353 LOFTS DRIVE

Address

MELBOURNE, FL. 32940

City/State and Zip Code

robert.eldridge774@gmail.com

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

For further information concerning this matter, please call:

ROBERT ELDRIDGE

at (954) 773-5547

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. Name of the limited liability company: SENIOR HOME CARE SOLUTIONS LLC

2. (a) 353 LOFTS DRIVE

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

MELBOURNE

FLORIDA 32940

(b) 353 LOFTS DRIVE

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

MELBOURNE

FLORIDA 32940

01/09/2018

L18000008034

3. Date of filing/registration in Florida

4. Document number

5. (a) ROBERT D. ELDRIDGE

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

2508 BAY DRIVE #103

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

2508 BAY DRIVE #103

POMPANO BEACH, FL 33062

(b) ROBERT D. ELDRIDGE (SAME, JUST CHANGE OF ADDRE

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

353 LOFTS DRIVE

MELBOURNE, FL 32940

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.

[Signature]
Signature of a member or authorized representative of a member

ROBERT D. ELDRIDGE

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.

[Signature]
Signature of Registered Agent

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

FILING FEE: \$25.00

FILED
19 SEP -3 AM 11
TALLAHASSEE, FLORIDA