

L1800001151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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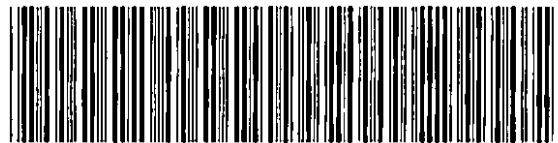
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

C. BRUMBLEY

JUN 30 2022

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 778331 4805411
AUTHORIZATION : *Liquidation*
COST LIMIT : \$ 25.00

ORDER DATE : June 29, 2022
ORDER TIME : 2:42 PM
ORDER NO. : 778331-015
CUSTOMER NO: 4805411

CHANGE OF AGENT

NAME: PREFERRED HOME CARE OF FLORIDA
LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: _____

**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: PREFERRED HOME CARE OF FLORIDA, LLC
2. (a) 7301 W. PALMETTO PARK ROAD
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
SUITE 208C
BOCA RATON, FL 33433
- (b) 7301 W. PALMETTO PARK ROAD
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
SUITE 208C
BOCA RATON, FL 33433
3. 01/12/2018 Date of filing/registration in Florida
4. L18000011151 Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Ari, Beim

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

7301 W. PALMETTO PARK ROAD SUITE 208C

BOCA RATON, FL 33433

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

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

Tallahassee, FL 32301

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.

/s/ Joe Bonaccorsi

Signature of a member or authorized representative of a member

Joe Bonaccorsi, Authorized Person

Printed or typed name of signee

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.

Grace E. Kirby
Signature of Registered Agent

Grace E. Kirby, Asst. Vice President on behalf of Corporation Service Company

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

FILING FEE: \$25.00

FILED
2022 JUN 29 AM 9:30
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TALLAHASSEE, FL