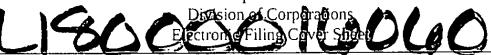
## Florida Department of State



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(((H22000141103 3)))



H220001411033ABCO

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC REGISTERED AGENT CHANGE HOMECARE HUB, LLC

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## 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

2. (a)	Principal office address of limited liability con		)	ailing address of limited		
	( <u>Note: MUST BE STREET ADDRESS</u>	()		(Note: MAY BE POST		<u>)X</u> )
	7901 4th St N STE 300	<del>, - · - · - · · · · · · · · · · · · · · </del>	7901 4tl	th St N STE 300		
	St. Petersburg FL 33702	, · · · · · · · · · · · · · · · · · · ·	St. Peters	sburg FL 33702		
	01/18/2018		L18000	0016060		
3.	Date of filing/registration in Florida	4.	·	Document number		
5. (a)	DEAK, DANIEL J					
. (a)	Registered Agent and Registered Office shown on the	records of the Florid	a Dept. of State:			
	1576 Bella Cruz Dr.					
	Registered Office Address (MUST BE FLORIDA	STREET ADDRESS	<u>S)</u>			
	Suite 319			- 	20	
	The Villages	, <sub>FL</sub> 32159	9		2022 APR	
(b)	Northwest Registered Ac				R 19	
(0)	Enter name of NEW Registered Agent and/or NEW		ldress:	••	. P	
	7901 4th St N			<u>-</u> :	- <del>ω</del> <del>ω</del> σ	,
	NEW Registered Office Address:			-	· · · · · · · · · · · · · · · · · · ·	
	STE 300					
	St. Petersburg	, FL_3370	2			
	limited liability company is not organized und				e* 1.1	0

Morgan Noble Signature of a member or authorized representative of a member 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 ed in writing of this change.

Tom Glover - Assistant Secretary

Signature of Registered Agent