Division of Corporations Electronic Filing Cover Sheet

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(((H22000003872 3)))



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To:

Division of Corporations

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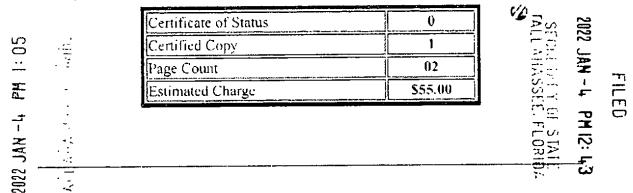
Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone Fax Number : (954)208-0845

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

Fmail	Address:			

LLC REGISTERED AGENT CHANGE SEASONS HOSPICE & PALLIATIVE CARE OF PASCO COUNTY, LLC



Electronic Filing Menu — Corporate Filing Menu

Help

* 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 submus the following statement in order to change its registered office or registered agent, or both, in the State of Florida

1. N	ame of the limited liability company: SEASONS HOSE	PICE &	PALLIATI	VE CARE OF PASCO COUNTY, LLC			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	((b)				
	2644 Cypress Ridge Blvd., Suite 104	_	2044 C	ypress Ridge Blvd., Suite 104			
	Wesley Chapel, FL 33544		Wesley Chapel, FL 33544				
	04/10/2018		L180000	186491			
3.	Date of filing/registration in Florida	_ 4,		Document number			
5. (a	CORPORATION SERVICE COMPANY						
J. (L	Registered Agent and Registered Office shown on the records of the Florida Dept. of State;						
	Registered Office Address MUST BE FLORIDA STREET	ADDRE.	SS)				
	1201 HAYS STREET						
	TALLAHASSEE , FL	32301		FILE			
(b)	C T Corporation System	ASSEE					
(0)	Enter name of NEW Registered Agent and/or NEW Registered	FILED 2022 JAN - 4 PM 12: 43 SECRETARIASSEE, FLORIDA					
	NEW Registered Office Address:						
	1200 South Pine Island Road						
	Plantation, Fl	33324					
the chagent was/v	limited liability company is not organized under the lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	f the regiability of the limited	gistered o company, mited lial	flice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in			
	nature of a member or authorized representative of a member	_		Printed or typed name of signee			
provi the of to me notifi By:	eby accept the appointment as registered agent and ag sions of all standes relative to the proper and complete oligations of my position as registered agent as provid rely reflect a change in the registered office address, I get in writing of this change. C. T. Comming Stand	e perjoi led for i hereby A	mance of Chapter confirm (Ifred \	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been ounan. Secretary			
Signa	ture of Registered Agent	/\331	oculti.	Jeci etai y			