

218000098645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CT HOME HEALTH CARE

\_\_\_\_\_  
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:

CARSWELL, CHAISSE

\_\_\_\_\_  
Name of Person

CT HOME HEALTH CARE

\_\_\_\_\_  
Firm/Company

1280 NW 58TH TERR

\_\_\_\_\_  
Address

SUNRISE, FL. 33313

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

MIKE Douglas

at ( 954 )

395 7485

\_\_\_\_\_  
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

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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 Florida.*

1. Name of the limited liability company: CT HOMEHEALTH CARE LLC

2. (a) 2861 SW 73RD Way APT 2007 (b) 2861 SW 73RD Way APT 2007

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

2861 SW 73RD Way APT 2007

2861 SW 73RD Way APT 2007

DAVIE Florida 33314

DAVIE Florida 33314

5/2/2018

L18000098645

3. Date of filing/registration in Florida

4. Document number

5. (a) Charisse Cooper

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

2861 SW 73RD Way APT 2007

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

2861 SW 73RD Way APT 2007

DAVIE, FL 33314

(b) Charisse Cooper

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

2861 SW 73RD Way APT 2007

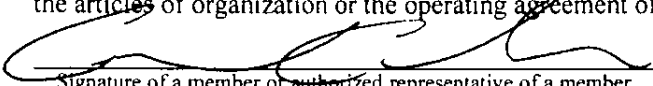
NEW Registered Office Address:

2861 SW 73RD Way APT 2007

DAVIE, FL 33314

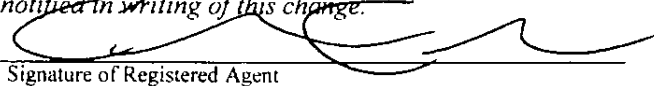
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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered 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 of a member or authorized representative of a member

CHARISSE COOPER  
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.*

  
Signature of Registered Agent