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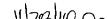
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## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: My Choice Adult Care Services, UC  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:					
- Florence Allman Name of Person					
My Choice Adult Care Serias UC Firm/Company					
HUSO SUNG SPANOW Dr. Address					
Middle Wwg FL 320e8  City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
FLorence Alluau at (904) 318 1980  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 \$\square\$ \$55 Filing Fee & Certified Copy					
INHS18 (2/14)					

## 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. Na	ame of the limited liability company: Wy Chore	e Adult	CARE Seru	ves,UC
2. (a)	4450 Sono, Sparring DR.	(h) 4450 S	Song Sparrow	Dr.
2. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	M	ailing address of limite (Note: MAY BE POS	d liability company:
	Middleburg FL 32068	NX	Idlelourg Fl	32068
			, 	
	05/02/2018	<u> </u>	18000110	862
3.	Date of filing/registration in Florida 4.	Γ	Document number	
5. (a)				
•	Registered Agent and Registered Office shown on the records of the Flor	ida Dept. of State:		m2
	9526 Argyle Forest Bluel STE	BZ #372		
	Registered Office Address (MUST BE FLORIDA STREET ADDRE	(SS)		
	Jacksonulle FL 32222			- · · · · · · · · · · · · · · · · · · ·
	,FL			-7
				<u>۔۔۔۔</u> ن
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office</u> :			¥
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office</u> :	address:	-	
	4450 Song Spannow DR. NEW Registered Office Address:			
	HEAVE REGISTERS OTHER PROGRESS.			
	Middleburg FL 32068	·		
	. FL			
the cha agent v was/we	imited liability company is not organized under the laws of the inge or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liability ere authorized by an affirmative vote of the members of the lices of organization or the operating agreement of the limited	gistered office a company, it is l imited liability d liability comp	and the business of hereby confirmed t company or as othe cany.	fice of the registered hat the change(s) erwise provided in
	Thance Il	F	Printed or typed name of	MAN
	ture of a member or authorized representative of a member			
provisi the obl to mere	by accept the appointment as registered agent and agree to a ions of all statutes relative to the proper and complete perfor igations of my position as registered agent as provided for itely reflect a change in the registered office address, I hereby d in writing of this change.	ici in this capac mance of my di i Chapter 605, confirm that th	cuy. I Jurther agre- uies, and I am fam F.S. Or, if this doc se limited liability c	e to comply with the iliar with and accept cument is being filed company has been

Signature of Registered Agent