

L18000151743  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H25000015909 3)))



H250000159093ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : CAPITOL CORPORATE SERVICES, INC.  
Account Number : I20160000048  
Phone : (800)345-4647  
Fax Number : (800)432-3622

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

Email Address: \_\_\_\_\_

2025 JAN 14 PM 3:06  
FILED  
TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT CHANGE  
QUALITY HOME HEALTH SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED  
2025 JAN 14 PM 1:18  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY  
JAN 15 2025

DocuSign Envelope ID: F8BDE8E2-8FCD-4D7F-A737-9A98683DCC17

**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: QUALITY HOME HEALTH SERVICES, LLC

2. (a) 2221 NORTH UNIVERSITY DRIVE Principal office address of limited liability company: (Note: **MUST BE STREET ADDRESS**)  
(b) 2221 NORTH UNIVERSITY DRIVE Mailing address of limited liability company: (Note: **MAY BE POST OFFICE BOX**)

SUITE B SUITE B  
PEMBROKE PINES, FL 33024 PEMBROKE PINES, FL 33024

3. 05/25/2018 Date of filing/registration in Florida 4. L18000131743 Document number

5. (a) CAPITAL CORPORATE SERVICES, INC  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

515 EAST PARK AVENUE 2ND FLOOR  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
TALLAHASSEE, FL 32301

(b) Capitol Corporate Services, Inc.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

515 East Park Avenue 2nd Fl  
NEW Registered Office Address:  
Tallahassee, FL 32301

FILED  
2025 JAN 14 PM 3:06  
TALLAHASSEE FLORIDA

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] Don Maniccia  
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 notified in writing of this change.

[Signature] Brian Radecki, Assistant Secretary on behalf of Capitol Corporate Services, Inc.  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00