

L18000131779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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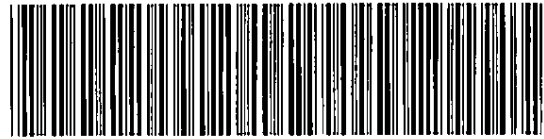
(Business Entity Name)

(Document Number)

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COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 6/6/2018

Name: Chris Vick

Reference #: T017095

Entity Name: NINE HOME HEALTH, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$25

Signature: [Signature]

① CORPORATE HQ
COGENCY GLOBAL INC.
10 E 40TH ST, 10TH FL
NY, NY 10015
800.221.0102
+1.212.947.7200

② EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
REG. STRED. HENGLAND 8 VIA TS
REG. STRE. LONDON
6 BEVIS MARKS, 1ST FL
LONDON EC3A 7BA
+44 (0)20.3786.1090

③ ASIA PACIFIC HQ
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A HONG KONG LIMITED COMPANY
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HONG KONG
+852.3975.1803



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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: NINE HOME HEALTH, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

10451 NW 117TH AVE STE 110

10451 NW 117TH AVE STE 110

MIAMI, FL 33178

MIAMI, FL 33178

5/25/2018

L18000131779

3. Date of filing/registration in Florida

4. Document number

5. (a) CORPORATE CREATIONS NETWORK, INC.

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

11380 PROSPERITY FARMS ROAD #221E

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

PALM BEACH GARDENS, FL 33410

(b) COGENCY GLOBAL INC.

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

115 North Calhoun Street, Suite 4

NEW Registered Office Address:

Tallahassee, FL 32301

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.

/s/Jonathan Lane

Jonathan Lane, Vice President and Secretary

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.

/s/Eric B. Hood Assistant Secretary

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00