L18000 211820

(Requestor's Name)							
(Address)							
(Address)							
(Modicas)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Duning Fukha Nama)							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



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Will O & WONTHA



2804 Gateway Oaks Drive #100 Sacramento, CA 95833 Phone (800)533-7272 Fax (800)603-5868

REFERENCE # MUST BE ON INVOICE TO BE PAID

NUMBER PAGES:

REFERENCE:

Cori Ann Crosthwaite

1250751

AE:

Date: February 21, 2019

Registration Section Division of

Corporations

CLIFTON BUILDING

2661 EXECUTIVE CENTER CIRCLE

TALLAHASSEE, FL 32301

FAX:

TO:

PLEASE PERFORM THE FOLLOWING:

CONTINUED CARE SOLUTIONS LLC

Change of Registered Agent

IN: FL

SPECIAL INSTRUCTIONS:

PLEASE RETURN: Regular Mail

PLEASE CALL (800)533-7272 ATTN: Cori Ann Crosthwaite TO CONFIRM FILING RESULTS

RETURN TO: PARASEC - 2804 GATEWAY OAKS DRIVE #100 SACRAMENTO, CA 95833

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET (800)533-7272

H1039

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. N	name of the limited liability company:CONTINUED	CAR	E SO	LUTIONS LL	С		
2. (a)		(h)				
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0	/	Mailing address	of limited liab	ility company:	
	350 SOUTHEAST SECOND ST. APT 234	o '	350	SOUTHEAST	SECOND	ST. APT	2340
	FORT LAUDERDALE, FL 33301		FOR	r Lauderda	LE, FL 3	33301	
	09/13/2018		L18	000217820			
3.	Date of filing/registration in Florida	4.		Document n	ıumber		
5. (a))					~2	
	Registered Agent and Registered Office shown on the records of the	Florida	Dept. of	State:	3 4	0.0	
	PARACORP INCORPORATED					2019 FEB 26	
	Registered Office Address (MUST BE FLORIDA STREET AD	DRESS.	<u> </u>			P	
	155 OFFICE PLAZA DRIVE, 1ST FLOO	R			်က ဟ ဘ	j. 0	
	TALLAHASSEE, FL	3230	1		آ پیش ا سر	PH 12: 54	•
					Ş	2 2	
. (b)	Enter name of NEW Registered Agent and/or NEW Registered Of	fice add	lress.			€ir '	
	The state of the s	100 1131					
	Rocket Lawyer Corporate Services	LLC	·				
	NEW Registered Office Address:						
	155 OFFICE PLAZA DRIVE, 1ST FLOO	R					
							
	Tallahassee ,FL	323	01				
If tha 1	issised liebilis	- C +1 (- 			d .d	
the cha	imited liability company is not organized under the laws on the configuration of the configur	regist	state of ered of	fice and the busi	reby confirm ness office o	ed that after of the register	ed
agent v	will be identical. Or, in the case of a Florida limited liabil are authorized by an affirmative vote of the members of the	ity cor	npany,	it is hereby conf	irmed that th	e change(s)	
the arti	cles of organization or the operating agreement of the lim	ited li	ability	company.	as otherwise	e provided in	
	Logica (Schell		JQJ.	sica June	\mathbb{I}		
Signa	ture of a member or authorized representative of a member			Printed or type	d name of signo	;c	
provisi the obl to mere	by accept the appointment as registered agent and agree to ons of all statutes relative to the proper and complete per igations of my position as registered agent as provided for the reflect a change in the registered office address, I here it is writing of this change.	to act in formation for the contract of the co	in this o nce of t hapter (nfirm th	capacity. I furthe ny duties, and I c 605, F.S. Or, if l nat the limited lia	er agree to co am familiar v this documen ability compa	omply with the with and acce at is being file any has been	ne ept ed
Signatu	C. Herria Asst. Secretary						

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