L18000255115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

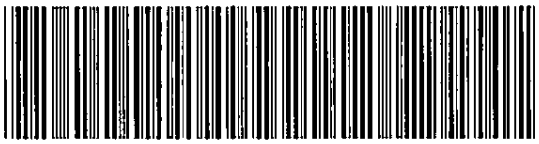
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300422977443

02/19/24--01020--006 **52.50

FILED
2024 MAR 13 PM 5:10

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Elder Care Finders, LLC
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:

Andrea Albertini
Name of Person

Elder Care Finders, LLC
Firm/Company

909 Country Club Dr.
Address

NPB, FL 33408
City/State and Zip Code

Andrea1@horizoncareservices.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrea Albertini at 561-371-9502
Name of Person Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ $25 Filing Fee

☐ $55 Filing Fee & Certified Copy

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 to order to change its registered office or registered agent, or both, in the State of Florida

1 Name of the limited liability company: Elder Care Finders, LLC

2 (a) 784 US Highway 1 Suite 15
Principal office address of limited liability company
(Note: MUST BE STREET ADDRESS)
NPB, FL 33408

(b) 909 Country Club Dr.
Mailing address of limited liability company
(Note: MAY BE POST OFFICE BOX)
NPB, FL 33408

3 Date of filing/registration in Florida: 1/9/2024

4 Document number: L18000255115

5 (a) Christine N Morris
Registered Agent and Registered Office shown on the records of the Florida Dept. of State
712 Foresteria Dr
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Lake Park FL 33403

(b) Andrea Albertini
Enter name of NEW Registered Agent and/or NEW Registered Office address
909 Country Club Dr.
NEW Registered Office Address
North Palm Beach FL 33408

2024 MAR 13 PM 5:10

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 a 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.

X _____ Andrea Albertini
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.

X _____
Signature of Registered Agent

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

FILING FEE: $25.00