

L19000 102860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

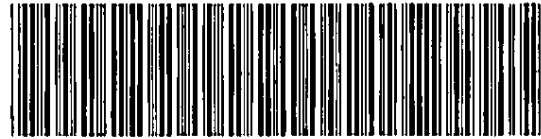
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200339006202

01/13/20--01020--002 **25.00

20 JAN 13 PM 2:04
RECEIVED BY COURT CLERK
CLERK OF COURT

FEB 12 2020
C McNAIR

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Center of Hope Health Care 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:

Myrtha AUGUSTIN
Name of Person

Center of Hope Health Care
Firm/Company

6887 W Commercial Blvd
Address

TAMARAC FL 33319
City/State and Zip Code

centerofhope18@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Myrtha AUGUSTIN at (561) 951 8093
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

20 JAN 13 PM 2:04
TALLAHASSEE, FL 32303
DIVISION OF CORPORATIONS
REGISTRATION SECTION

**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: Center of Hope Health Care
2. (a) 6887 W COMMERCIAL BLVD (b) 6887 W COMMERCIAL BLVD TAMPA
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 11-15-2019 Date of filing/registration in Florida 4. 219000102860 Document number

5. (a) Myrtha AUGUSTIN
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

6879 W COMMERCIAL BLVD TAMPA 33319
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

_____, FL _____

- (b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:

• 6887 W COMMERCIAL BLVD
NEW Registered Office Address:

TAMPA FL 33319
_____, FL _____

20 JAN 13 PM 2:34
DIVISION OF CORPORATIONS
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]
Signature of a member or authorized representative of a member

Myrtha AUGUSTIN
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 of Registered Agent