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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Angel Oak Arbor 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:

Sheila T. Rivera

\_\_\_\_\_  
Name of Person

Angel Oak Arbor Care, LLC

\_\_\_\_\_  
Firm/Company

787 Aspen Drive

\_\_\_\_\_  
Address

South Daytona, FL 32119

\_\_\_\_\_  
City/State and Zip Code

angeloakcares@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sheila T. Rivera

\_\_\_\_\_  
Name of Person

at 386

956-2245

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

FILED  
STATE  
SECRETARY OF  
CORPORATIONS  
JAN 10 2018  
TALLAHASSEE, FL

**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: Angel Oak Arbor Care, LLC
2. (a) 787 Aspen Drive, South Daytona, FL 32119 (b) 787 Aspen Dr., South Daytona, FL 32119  
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. September 20, 2019 4. L19000237110  
Date of filing/registration in Florida Document number

5. (a) Marcelino Rivera  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
787 Aspen Drive  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

South Daytona, FL 32119

- (b) Sheila Teresa Rivera  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

787 Aspen Drive

**NEW** Registered Office Address:

South Daytona, FL 32119

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.

Marcelino Rivera  
Signature of a member or authorized representative of a member

Marcelino Rivera  
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.*

Sheila Teresa Rivera  
Signature of Registered Agent