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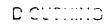


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RA Change



## **COVER LETTER**

TO: Registration Section Division of Corporations				
Angel Oak Arbor Care, LLC SUBJECT:				
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.			
Please return all correspondence concerning th	is 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 ann	nual report notification)			
For further information concerning this matter.	, please call:			
Sheila T. Rivera	386 956-2245			
Name of Person	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			

INHS18 (2/14)

## 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	ame of the limited liability company: Angel Oak Arb	oor Care, LLC	
2. (a)	787 Aspen Drive, South Daytona, FL 32119  Principal office address of limited liability company:	_ (b) 787 A	spen Dr., South Daytona, FL 32119  Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)
	<del>-</del> .		
	September 20, 2019	 L19000	237110
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Marcelino Rivera		
	Registered Agent and Registered Office shown on the records of the 787 Aspen Drive	ne Florida Dept. of S	rate:
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	
	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	
the cha agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabers authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the registered off bility company, i the limited liabi	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in
	Mur Kant	Marcelino F	Rivera
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to mer	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	ee to act in this co performance of m for in Chapter 6 ereby confirm the	apacity. I further agree to comply with the sy duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been
Signay	The fire of Registered Agent		

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