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(((H24000026400 3)))



H240000264003ABCS

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

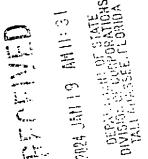
Account Number : I20090000081

Phone : (307)200-2803

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** [7]

Email	Address:		



LLC REGISTERED AGENT CHANGE LILY IN THE VALLEY HOME HEALTHCARE LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

To: 18506176383

From: Registered Agents Inc.

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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of

(a)		(b)	
•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	01/12/21	L210	00028665
	Date of filing/registration in Florida	4.	Document number
(a)	UNITED STATES CORPORATION AGENTS, INC.		
	Registered Agent and Registered Office shown on the records	of the Florida Dept.	. of State:
	476 RIVERSIDE AVE.		
	Registered Office Address (MUST BE FLORIDA STREE		
			\$6
	JACKSONVILLE	32202	2024 JAN SECRCI
	·	rL	A A
(b)	Registered Agents Inc		ANA TO
. ,	Enter name of NEW Registered Agent and/or NEW Register	red Office address:	NI9 AM
	7901 4th St N	AM II: 36 SEE, FL	
	NEW Registered Office Address:		
	STE 300		
	St. Pelersburg	FL	
e cha ent v is/we e arti	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member cles of organization or the operating agreement of the	laws of the State s of the registered d liability compairs of the limited I	d office and the business office of the registe ny, it is hereby confirmed that the change(s) liability company or as otherwise provided i
7/	ture of a member of authorized representative of a member	Robin Jon	
			Printed or typed name of signee
erel	by accept the appointment as registered agent and i	agree to act in th ete nerformance :	is capacity. I further agree to comply with of my duties, and I am familiar with and ac ter 605, F.S. Or, if this document is being fi in that the limited liability company has bec

Signature of Registered Agent

David Roberts

- Assistant Secretary