

Division of Corporations

**LA21000095023**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC  
Account Number : I20220000070  
Phone : (888)462-3453  
Fax Number : (877)919-2613

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

Email Address: EFILE1234@INCFILE.COM

**LLC REGISTERED AGENT CHANGE  
UNIVERSAL FAMILY CARE LLC**

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**MAR 22 2023  
T. LEMIEUX**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** UNIVERSAL FAMILY 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:

LOVETTE DOBSON

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

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

17350 STATE HWY 249 STE 220

\_\_\_\_\_  
Address

HOUSTON, TX 77064

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

EFILE1234@INCFILE.COM

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

For further information concerning this matter, please call:

LOVETTE DOBSON

888-462-3453

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

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. Name of the limited liability company: <u>UNIVERSAL FAMILY CARE LLC</u>	
2. (a) <u>101 LOCHNAGAR MOUNTAIN DR</u> Principal office address of limited liability company. (Note: <u>MUST BE STREET ADDRESS</u> ) <u>SAINT JOHNS, FL 32259</u>	(b) <u>101 LOCHNAGAR MOUNTAIN DR</u> Mailing address of limited liability company: (Note: <u>MAY BE POST OFFICE BOX</u> ) <u>SAINT JOHNS, FL 32259</u>
3. <u>02/26/2021</u> Date of filing/registration in Florida	4. <u>1.21000095023</u> Document number
5. (a) <u>REPUBLIC REGISTERED AGENT LLC</u> Registered Agent and Registered Office shown on the records of the Florida Dept. of State. <u>1150 Nw 72nd Ave Tower I Ste 455</u> Registered Office Address (MUST BE FLORIDA STREET ADDRESS) <u>Miami</u> , FL <u>33126</u>	
(b) <u>Fabiola Baptiste</u> Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> . <u>101 Lochnagar Mountain Drive</u> <u>NEW Registered Office Address:</u> <u>Saint Johns</u> , FL <u>32259</u>	

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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.

Fabiola Baptiste Fabiola Baptiste  
Signature of a member or authorized representative of a member Printed or typed name of signer

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.

Fabiola Baptiste  
Signature of Registered Agent