

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Exceptional A 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:

Latasha Hardy
Name of Person

Exceptional A Care LLC
Firm/Company

1340 Bucktail Ct
Address

Kissimmee, FL 34746
City/State and Zip Code

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

For further information concerning this matter, please call:

Marvin Hardy at 407, 910-4014
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

22 SEP 19 PM 2:46

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32303

**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: Exceptional A Care LLC

2. (a) 1340 Bucktail Ct (b) _____

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

Kissimmee, FL

34746

Dec. 30, 2021

122000008307

3. Date of filing/registration in Florida

4. Document number

5. (a) Latasha R Hardy
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1340 Bucktail Ct

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Kissimmee, FL 34746

(b) Marvin Hardy
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

1340 Bucktail Ct

NEW Registered Office Address:

Kissimmee, FL 34746

22 SEP 19 PM 2:46

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

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.

Latasha Hardy
Signature of a member or authorized representative of a member

Latasha Hardy
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.

Signature of Registered Agent