

L22 000 108 416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

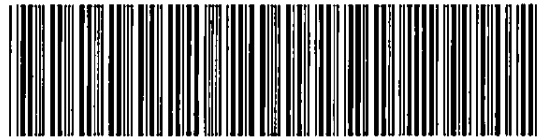
(Business Entity Name)

(Document Number)

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03/07/23--01023--012 **25.00

2023 Mar -7 AM 10:30
SECURITY
TALLahassee, FL

5.

SUBJECT: Caring Hands Health Care Solutions LLC
Name of Limited Liability Company

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

LORAIN GREEN
Name of Person
Caring Hands Health Care Solutions LLC
Firm/Company
1560 NW 128TH DR #201
Address
SUNRISE, FL 33323
City/State and Zip Code

2025 MAR -7 AM 10:31
STATIONED FILE

LORAIN GREEN 954 817-3321

Name of Person Area Code & Daytime Telephone Number

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

☐ \$25 Filing Fee

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: CARING HANDS HEALTH CARE SOLUTIONS

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

1560 NW 128TH DR #201

1560 NW 128TH DR #201

SUNRISE, FL 33323

SUNRISE, FL 33323

09/23/2020

L22000108416

3. Date of filing/registration in Florida 4. Document number

5. (a) WESLEY DOLAN

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

LEGALINC CORPORATE SERVICES INC.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

5237 SUMMERLIN COMMONS SUITE 400

FORT MYERS, FL 33907

(b) LORRAINE GREEN

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

1560 NW 128TH DR #201

SUNRISE, FL 33323

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.

Klyan Green

KLYAN GREEN

Signature of a member or authorized representative of a member

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.

Lorraine Green

Signature of Registered Agent

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