

L22000200508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

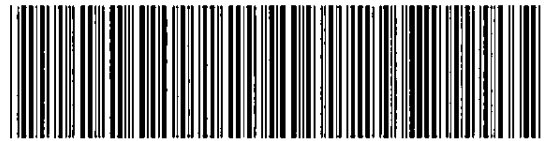
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Wmills

Office Use Only



800427016178

04/04/24--01019--014 **25.00

FILED
2024 APR 4 PM 3:18
SEC
TOLSON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MOLLIE'S HOME 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:

JIM GAY

Name of Person

JIM GAY CPA

Firm/Company

3984 MANATEE AVE E

Address

BRADENTON, FL 34208

City/State and Zip Code

OFFICE@JIMGAYCPA.COM

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

For further information concerning this matter, please call:

JIM GAY

Name of Person

941 747-0588
at ()

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

**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: MOLLIE'S HOME CARE LLC

| | |
|--|--|
| 2. (a) <u>Principal office address of limited liability company:</u> <u>(Note: MUST BE STREET ADDRESS)</u> <u>612 POINSETTIA AVENUE</u> <u>ELLENTON, FL 34222</u> | (b) <u>Mailing address of limited liability company:</u> <u>(Note: MAY BE POST OFFICE BOX)</u> <u>612 POINSETTIA AVENUE</u> <u>ELLENTON, FL 34222</u> |
|--|--|

3.29.24

L22000200508

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

5. (a) ZENBUSINESS INC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

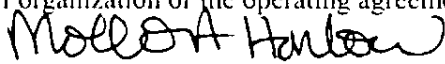
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
336 E. COLLEGE AVE.SUITE 301
TALLAHASSEE, FL 32301

FILED
2024 APR 12 PM 3:18
SEC. OF STATE
TALLAHASSEE, FL

(b) JIM GAY
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
3984 MANATEE AVE E
BRADENTON, FL 34208

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.

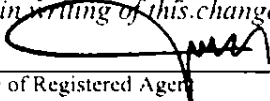


MOLLIE HARLOW

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.



Signature of Registered Agent