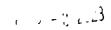
(Re	equestor's Name)	
bA)	dress)	<u>-</u>
(Address)		
(Cit	ry/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



700413365567

08/07/28 -01028 -008 **85.00



COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Prestige In Home Care Services LLC Name of Corporation
DOCUMENT NUMBER: <u>L 2 2 000 4 1 49 9 </u>
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Stephanle frang-Spence Name of Contact Person Prestige In Home Care Services Luc Firm/Company 411 Wost 18th Plaza Address Lynn Haven, FL 32444 City/State and Zip Code E-mail address: (to by used for future annual report notification)
For further information concerning this matter, please call:
Stephanie (1914 Splnce at 850, 541 - 8590) Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Street Address:

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

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of \\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Prestige In Home Care Services Li
2. The principal office address: 411 WIST 8th P1979 Lynn Howen
3. The mailing address (if different):
4. Date of incorporation/qualification: 9-77-702 Document number: L27000 414991
The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Inc Authority RA
390 North Orange Ave, STE 2300. N
Orlando, FL 32801 E
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Stephanie Gary Spence HII West 18th Plaza Lunn Haven, FL 37444 F.O. Box NOT acceptable
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Stephany Many Spence Stephanie hary Spence MGR
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change.
Stephanie May Spence 8-2-2023 Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)