Florida Department of State Bivision to Gorporations Electronic Filting Cover Sheet

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2024 MAY - 1 PM 3: 04
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALL AFASSEE, FLORIDA

LLC REGISTERED AGENT CHANGE DEVINE HOME HEALTH SERVICES LLC

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Corporate Filing Menu

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K. Brumbley

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.

l. Na	me of the limited liability company:	lth Sei	rvice	s LLC		
2. (a)	3592 BROADWAY		(b)	1606 MOF	RENO AVE	
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(-,	;	_	mited liability company: POST OFFICE BOX)
	Suite 130	_				
	Fort Myers, FL 33901	 -		Fort Myers	s, FL 33901	
	05/01/2024		l.	.230001711	100	
	Date of filing/registration in Florida	4.	_		Document numb	er
(a)	LEGALINC CORPORATE SERVICES INC.					
. (4)	Registered Agent and Registered Office shown on the records of the 476 RIVERSIDE AVE.	ne Flor	rida [Dept, of State	- e;	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE	(SS)		-	
	JACKSONVILLE , FL	32202	<u> </u>		-	
(b)	Corporate Creations Network Inc.		,		_	2024 H.77
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office	#dd:	<u>'ess</u> :		<u> </u>
	801 US Highway 1					<u> </u>
	NEW Registered Office Address:				-	<u> </u>
						<u>ė</u> :
	North Palm Beach . FL	33408	i		-	17
hange igent v vas/we he arti	imited liability company is not organized under the law or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liability that the case of the members of cles of organization or the operating agreement of the liability and th	egisto oility the li imited	ered corr imit d lia	office and spany, it is ed liability bility com	d the business off s hereby confirme y company or as o	fice of the registered ed that the change(s)
Signal	rure of a member or authorized representative of a member	_			Printed or typed nar	me of signee
provisi he obl o merc	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I have t'in writing of this change.	e to a erfor for in ereby	nct it man n Ch con	n this capa ice of my a apter 605, firm that t	icity. I further ag luties, and I am fo , F.S. Or, if this o the limited liabilit	gree to comply with the amiliar with and accep document is being filed ty company has been

Signature of Registered Agony

Signature of Registered Agony