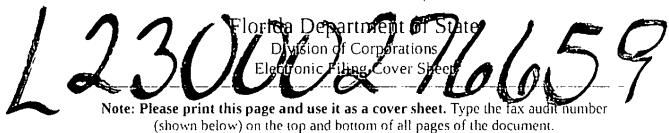
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Division of Corporations



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: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (813)436-5206

PH 2: 1

Enter the email address for this business entity to be used for future a report mailings. Enter only one email address please.\*\*

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Eila (1	Address:				
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## LLC REGISTERED AGENT CHANGE ALPHA-OMEGA HOMECARE AND SERVICES, LLC

Certificate of Status	0
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K. SALY

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6/28/2024 11:14:16 PDT \_\_\_\_\_ To: 18506176383 Page: 2/2 Fax: 8134365206

## 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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

L Na	ame of the limited liability company:  Alpha-Omega Hom	necare an	d Services, L	LC
2. (a)		(b	)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		N	failing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
		_		
•	06/07/2023		L2300027665	<u> </u>
3.	Date of filing/registration in Florida  INC AUTHORITY RA	4.		Document number
5. (a)	Registered Agent and Registered Office shown on the records of the	:		
	Registered Office Address (MUST BE FLORIDA STREET A.  390 NORTH ORANGE AVE., STE 2300-N	1	72.202	
		32801		FILEL  2024 JUN 28 MM 3: 33  TALLAHASSELVELÖGÜ
(b) _	Registered Agents Inc			B M 3: 33
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office add	lress:	
	7901 4th St N			33 000
	NEW Registered Office Address:		<u></u>	
	STE 300			
	St. Petersburg . FL	33702		
the cha agent v was/we the arti	imited liability company is not organized under the lawinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited lialere authorized by an affirmative vote of the members of teles of organization or the operating agreement of the l	the regis bility co Tthe lim	tered office mpany, it is ited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
P), j	- CNV (ANOV	Robin	n Jones	
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl to mere natified	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I he f in writing of this change.	re to act performa for in C erchy co	in this capa ince of my a hapter 605, infirm that t	wity. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been
NO THE	David Roberts - Assistant Sec	cretary		

Signature of Registered Agent