

L79231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

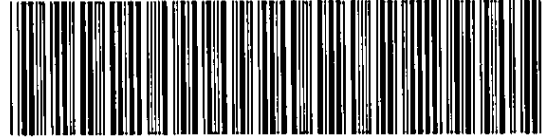
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700329276457

700329276457  
05/17/19--01029--007 \*\*710.00

FILED

2019 MAY 17 PM 5:09

SECRETARY OF STATE  
TALLAHASSEE, FL

JUN 04 2019  
C Kinsey

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DEBORAH'S NURSING SERVICES, INC  
Name of Corporation

**DOCUMENT NUMBER:** L79831

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:

Kevin Jemmott  
Name of Contact Person

DEBORAH'S NURSING SERVICES, INC  
Firm/Company

3989 Chain Bridge Road  
Address

Fairfax, VA 22030  
City/State and Zip Code

kevin.jemmott@icloud.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jim Purdum at ( 703 ) 359-7200  
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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: DEBORAH'S NURSING SERVICES, INC
2. The principal office address: 3989 Chain Bridge Road, Fairfax, VA 22030
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 06/13/1990 Document number: L79831
5. 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)

ROSS, BRIAN M ESQ.

5010 W. CARMEN STREET, SUITE 2602

TAMPA, FL 33609

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Registered Agents Inc.

7901 4th St N STE 300

P.O. Box NOT acceptable

St. Petersburg FL 33702

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.

  
Signature of an officer or director

Robert P. Hostler, President

Printed or typed name and title

*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.*

  
Signature of Registered Agent

May 9, 2019

Date

If signing on behalf of an entity:

Bill Havre

Typed or Printed Name

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

**FILED**  
**2019 MAY 17 PM 5:09**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FL**