

Attorneys at Law

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October 2, 2001

## **CERTIFIED MAIL**

Division of Corporations Florida Department of State Post Office Box 6327 Tallahassee, Florida 32314

## RE: Change of Registered Agent QUALITY ELDERCARE OF FLORIDA, LLC

Dear Sir/Madam:

Enclosed herewith please find an original and one copy of the above-referenced Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company along with our check in the amount of \$25.00, made payable to the Secretary of State.

Kindly return a copy of the Amendment to the attention of the undersigned in the self-addressed stamped envelope which is enclosed for your convenience. Thank you in advance for your prompt attention to this matter.

Very truly yours,

PENNY J. ARBULU, Paralegal For the Firm

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Enclosures

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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Pursuant to the provisions of sections 608.416 or 608.508, 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.	The name of the limited liability company is: <u>QUALITY ELDERCARE OF FLORIDA, L.L.C.</u>	
2.	The mailing address of the limited liability company is : 6093 N.W. 9th Court	 
	Margate, Florida 33063	 7

11/3/1998		·	L9800000 <b>2</b> 690	
	-	물	4. Document number	
3. Date of filing/registration in Florida				

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

	Mark A. Coel		
	Name		<i>x</i> ,
	2700 South Commerce Parkway, Suite 305		
	Address Weston, FL 33331		
	City, State and Zip	<u>o</u> - '	-
6. The name and address of	of the new registered agent and/or office:	DEC -	
	Jeremy A. Koss	÷Ξ	· · ·
	4000 Hollywood Boulevard, Suite 265-S	PM	
	Florida street address (P.O. Box NOT acceptable) Hollywood33021	5: Uř	-



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.

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(Signature of a member or authorized representative of a member)
DAVID KOSS, Managing Member (Printed or typed name of signee)
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 auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, 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)
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
INHS18(10/99) FILING FEE: \$25.00