

(Re	questor's Name)	
(Ad	dress)	
. (Ad	dress)	
(Cit	y/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:		

ļ

Office Use Only



600265742556

orwision of 24 AM 9: 2

DEBARTHENT OF STATE

Lewis Loanly

FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

10/24/14

NAME:

CARETENDERS VISITING SERVICES OF DISTRICT 7 LLC

TYPE OF FILING: CHANGE OF AGENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

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

STATE TARY OF STAF

14 OCT 24 AM 9:

Pursuant to the provisions of sections 605.0114, 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. Name of the limited liability company: CARETENDER	S VISITING SERVICES OF DISTRICT 7	LLC	
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	9510 ORMSBY STATION ROAD, SUITE 300		
	LOUISVILLE, KY 40223		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	9510 ORMSBY STATION ROAD, SUITE 30	<u>o</u>	
THE AREA BRIOS OF THE BOX	LOUISVILLE, KY 40223		
August 12, 2003	M03000002672		
3. Date of filing/registration in Florida	4. Document number	5	
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:	14, DCT 24	
Registered Agent:	CT Corporation System	<u> </u>	
Designand Office Address	1200 South Pine Island Road	ڣ	
Registered Office Address:	1200 South Pine Island Road	<u>~~</u>	
	Plantation, FL 33324		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> <u>NEW</u> Registered Agent:	National Corporate Research, Ltd., Inc.		
NEW Registered Office Address:	155 Office Plaza Drive		
(MUST BE FLORIDA STREET ADDRESS)	156 Office Plaza Drive		
	Taliahassoo FL 32301		
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. Signature of a member or authorized representative of a member			
Patrick Todd Lyles, Senior Vice President	_		
Printed or typed name of signee			
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the pround I am familiar with and accept the obligations of my post Chapter 603, F.S. Or, if this document is being filed to men address, I hereby confirm that the limited liability company	gree to act in this capacity. I further ag per and complete performance of my di ition as registered agent as provided fo ely reflect a change in the registered of has been notified in writing of this chai	ree to ities, r in fice nge.	
Signature of Registered Agent Sean Honan, Assistant Secrets			
Division of Corporations, P.O. Box 632 FILING FEE: \$2			

INHS18 (12/13)