MU4000001508

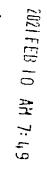
(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Na	me)		
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



100359586841

02/10/21--01015--019 *+25.00



O SIMMONS MAR 3 0 2021



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Meghan Groom meghan.groom@cscglobal.com

Date: February 5, 2021

Order#: 639480-225

Re: TENDER LOVING CARE HEALTH CARE SERVICES OF BROWARD, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$\$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX ___ Issue Proof of Filing.

XX __ Please return evidence to the following:

Attn: Meghan Groom c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX ___ Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

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.

1. N	lame of the limited liability company:	ING CARE HE	EALTH CARE SERVICES OF BROWARD, LLC
2. (a)	3854 American Way Suite A	(b) 3	854 American Way Suite A
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	BATON ROUGE, LA 70816	B,	ATON ROUGE, LA 70816
	05/12/2004	MC	0400001808
3.	Date of filing/registration in Florida	4.	Document number
5. (a	C T CORPORATION SYSTEM		
(a	Registered Agent and Registered Office shown on the records of	of the Florida Der	ot, of State:
	1200 SOUTH PINE ISLAND ROAD		202
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRESS)	2021 FEB
	PLANTATION.	33324	
(b)			AH 7: 49
(")	Enter name of NEW Registered Agent and/or NEW Registered	ed Office addres	
	Corporation Service Company		
	NEW Registered Office Address:		
	1201 Hays Street		
	Tallahassee . F	:L 32301	
chang agent was/w the art	limited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited there authorized by an affirmative vote of the members ticles of organization of the operating agreement of the	ne registered of liability compa s of the limited te limited liabi	ffice and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company. i, Authorized Person
_	ature of a nember or authorized representative of a member		Printed or typed name of signee
provis the ob to mei	why accept the appointment as registered agent and as tions of all statutes relative to the proper and complete digations of my position as registered agent as provide the reflect a change in the registered office address. It with writing of this change.	gree to act in t le performance led for in Chap I hereby confir	his capacity. I further agree to comply with the of my duties, and I am familiar with and accept ster 605, F.S. Or, if this document is being filed in that the limited liability company has been
Signat	ure of Registered Agent	Grace E.	Kirby, Asst. Vice President