

M100 000028 4/3

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2015 APR 21 PM 1:10

R+A/R O/chs
@ 4.28.15

April 17, 2015

VIA US MAIL

Florida Department of State
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: LIFE CARE HOME HEALTH SERVICES LLC

Dear Sir or Madam:

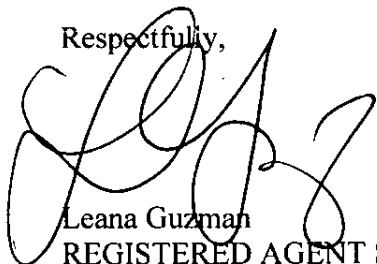
On behalf of the above-referenced corporation, enclosed please find the following for filing with the Florida Secretary of State:

1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
2. \$25 LLC to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (888) 705-7274.

Respectfully,



Leana Guzman
REGISTERED AGENT SOLUTIONS, INC.
1701 Directors Blvd., Suite 300
Austin, TX 78744

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

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: LIFE CARE HOME HEALTH SERVICES LLC

2. (a) Principal office address of limited liability company: One Tenth Street
(Note: MUST BE STREET ADDRESS)

Suite 500
Augusta, GA 30901-0103

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

PO Box 200
Augusta, GA 30903-0200

06/23/2010

3. Date of filing/registration in Florida

4. Document number

421323565 m10000002843

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD.

Registered Office Address:

155 OFFICE PLAZA DRIVE
TALLAHASSEE, FL 32301

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

Registered Agent Solutions, Inc.

NEW Registered Office Address:

155 Office Plaza Dr.

(MUST BE FLORIDA STREET ADDRESS)

Suite A

Tallahassee, 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

Rick W. Griffin, President

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 duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, 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.

 Jaclyn Wright, Asst. Secretary
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00