M110000004469

(Requestor's Name)
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(Address)
(City (Charles 17) or (Dharman Aft)
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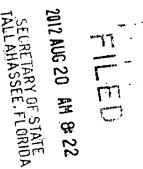
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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

J. SAULSBERRY EXAMINER !AUG 21 2012

VIA US MAIL

Florida Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314



Re: CARESOUTH 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. \$25.00 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.

EANA GUZMAN

REGISTERED AGENT SOLUTIONS, INC.

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

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. Name of the limited liability company:	CARESOUTH HOME HEALTH SERVICES, LLC
2. (a) Principal office address of limited liability co	ompany: ONE TENTH STREET
(Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	STE 500 AUGUSTA GA 30901-0103 : PO BOX 200 AUGUSTA GA 30903-0200
3. Date of filing/registration in Florida 5. (a) Positional Assert and Positional Office along	M11000004469 4. Document number
5. (a) Registered Agent and Registered Office shownRegistered Agent:Registered Office Address:	C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324
(b) Enter name of <u>NEW Registered Agent</u> and/one <u>NEW Registered Agent</u> :	or NEW Registered Office address: Registered Agent Solutions, Inc.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS	155 Office Plaza Dr. Suite A Tallahassee ,FL32301
If the limited liability company is not organized und confirmed that after the change or changes are made and the business office of the registered agent will be liability company, it is hereby confirmed that the change of the members of the limited liability company or a continuous or the operating agreement of the limited liability company or a continuous of a member of the limited liability company or a continuous of a member of the limited liability company or a member of the limited liability company with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability company is desired Agent.	er the laws of the State of Florida, it is hereby to the Florida street address of the registered office e identical. Or, in the case of a Florida limited ange(s) was/were authorized by an affirmative vote is otherwise provided in the articles of organization impany. It and agree to act in this capacity of further agree to the proper and complete performance of my duties, my position as registered agent as provided for in it to merely reflect a change in the registered office ompany has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00