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COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: GF CARE LLC Name of Limited Liability Company							
The enclosed Registered Agent/Registered Offic	ee Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this	s matter to the following:						
Nikita Basdeo							
Name of Person							
Ganot Capital LLC							
Firm/Company							
4601 Sheridan Street, Suite 600							
Address							
Hollywood, FL 33021							
City/State and Zip Code							
nikitab@ganotcapital.com							
E-mail address: (to be used for future annu	al report notification)						
For further information concerning this matter, p	please call:						
Nikita Basdeo	954 985-2400						
Name of Person	Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
Enclosed is a check for the following amount:							
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy						

INHS18 (2/14)

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.

I. Na	me of the limited liability company: GF CARE L	LC			
2. (a)	4601 Sheridan Street, Suite 600	(ł	₅₎ 46	01 Sheridan Stree	et, Suite 600
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Hollywood, FL 33021		Hollywood, FL 33021		
	04/16/2013		M1	3000002435	
3.	Date of filing/registration in Florida	4.		Document nun	nber
5. (a)	CT Corporation				
	Registered Agent and Registered Office shown on the records of the Registered Office Address (MUST BE FLORIDA STREET) 1200 South Pine Island Blvd			of State:	
					<u> </u>
	Plantation	_{'L_} 33324	4		18 OCT
(b)	Etan Mark Enter name of NEW Registered Agent and/or NEW Registered Office address: Mark Migdal & Hayden				-1 AM 3: 00
	NEW Registered Office Address:				
	80 SW 8th Street, Suite 1999	•			
	Miami I	_{FL_} 3313(0		
the cha agent v was/we the art	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an aftirmative vote of the members icles of organization or the operating agreement of the control of the contr	of the regi liability c s of the lin he limited	isterec ompa nited liabil:	d office and the busine ny, it is hereby confirt liability company or a ity company.	ess office of the registered med that the change(s)
	darvely Lette	Ha	irvey	L. Lichtman	
I here provisi the obi to mer notifie	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provided ally reflect a change in the registered office address, all in writing of this change.	igree to ac te perforn ded for in I hereby c	rt in th tance Chape confiri	Printed or typed nis capacity. I further of my duties, and I an ter 605, F.S. Or, if th m that the limited liab	caoree to comply with the
Signalu	ire of Registered Agent				