

M13000003484

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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14 OCT - 1 AM 9:13
SECRETARY OF STATE
DIVISION OF CORPORATIONS

C. Lewis
10-14



CORPORATION SERVICE COMPANY

CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Daniel McGavisk dmcgavis@cscinfo.com

Date: September 29, 2014

Order#: 313668-045

Re: CAREWORKS USA LTD. LLC

Enclosed please find:

XX Change of Registered Agent and Office.
XX Check in the amount of \$35.00.

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: Daniel McGavisk
c/o Corporation Service Company
2711 Centerville Road, Suite 400
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.

QUCA.XCOA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CareWorks USA Ltd. LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Peter E. Lind

Name of Person

York Risk Services Group, Inc.

Firm/Company

99 Cherry Hill Road Suite 102

Address

Parsippany, NJ 07054

City/State and Zip Code

peter.lind@yorkrsg.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter E. Lind

at (973)

404-1285

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

**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. Name of the limited liability company: Careworks USA Ltd. LLC

2. (a) 5555 Glendon Ct. Dublin OH 43016 (b) 5555 Glendon Ct. Dublin OH 43016

Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

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

5555 Glendon Ct.

5555 Glendon Ct.

Dublin OH 43016

Dublin OH 43016

6/3/2013

M13000003484

3. Date of filing/registration in Florida

4. Document number

5. (a) CT Corporation System

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1200 South Pine Island Road Plantation, FL

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1200 South Pine Island Road

Plantation, FL 33324

(b) Corporation Service Company

Enter name of NEW Registered Agent and/or NEW Registered Office address:

1201 Hays Street Tallahassee FL 32301

NEW Registered Office Address:

1201 Hays Street

Tallahassee, FL 32301

FILED
DIVISION OF STATE
CORPORATIONS
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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.

Peter E. Lind

Signature of a member or authorized representative of a member

Peter E. Lind, Secretary

Printed or typed name of signer

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.

Deb Reeves
Signature of Registered Agent

Deb Reeves
Assistant Vice President