

M9800000/603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

FEB 11

February 4, 2016

VIA US MAIL

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

Re: **NEW HOME HEALTH CARE SERVICES LLC**

Dear Sir or Madam:

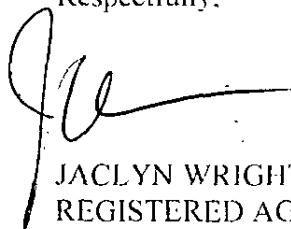
On behalf of the above-referenced corporation, enclosed please find the following for filing with the Florida Secretary of State:

1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
2. **\$25.00** 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,



JACLYN WRIGHT
REGISTERED AGENT SOLUTIONS, INC.
1701 Directors Blvd., Suite 300
Austin, TX 78744

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEW HOME HEALTH CARE SERVICES 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:

Jaclyn Wright
Name of Person

Registered Agent Solutions, Inc.
Firm/Company

1701 Directors Blvd., Suite 300
Address

Austin, TX 78744
City/State and Zip Code

ktripp@caresouth.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jaclyn Wright at (888) 705-7274
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: NEW HOME HEALTH CARE SERVICES LLC

2. (a) 1 10th St Ste 100 (b) PO Box 200

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

AUGUSTA, GA 30901-0100

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

Augusta, GA 30903-0200

12/22/1998

M98000001603

3. Date of filing/registration in Florida

4. Document number

5. (a) NATIONAL CORPORATE RESEARCH, LTD., INC.

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

115 North Calhoun St.

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

Suite 4

Tallahassee, FL 32301

(b) Registered Agent Solutions, Inc.

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

155 Office Plaza Dr., Suite A

NEW Registered Office Address:

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

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.


Signature of Registered Agent

Asst. Secretary

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

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA