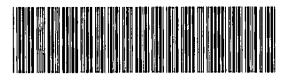
N 18000012195

(Requestor's Name) *						
(Address)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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C. GOLDEN JAN 2 7 2020

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ Name	ECT: Best Care Partners, Inc. of Corporation	
INATITE	or Corporation	
DOC	UMENT NUMBER:	
The e	nclosed Statement of Change of Registered Offic	ee/Agent and fee are submitted for filing.
Please	e return all correspondence concerning this matte	r to the following:
Mary	A. McGillicuddy	
Name	of Contact Person	
Lee M	lemorial Health System	
Firm/0	Company	
42113	Metro Parkway, Legal Services, Lee Health Corporate	: Center
Addre	SS	
	lyers, FL 33916	t
City/S	tate and Zip Code	
	LMHS.CourtDocs@LeeHealth.org	
E-ma	il address: (to be used for future annual repoi	rt notification)
For fu	orther information concerning this matter, please	call:
Mary	A. McGillicuddy	at (239) 343-8550
	Name of Contact Person	at (239) 343-8550 Area Code & Daytime Telephone Number
Enclo	sed is a \$35.00 check made payable to the Depar	tment of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chai	rovisions of sections 607. age is submitted for a corp to change its registered o	oration organized	l under the laws of the Sta	ite of Florida	this		
	ne corporation: Best Care I office address: 6630 Orion		Fort Myers, FL 33912				
_	ddress (if different):						
4. Date of incorporation/qualification: 11/15/2018 Document number: N18				N18000012	8000012195		
5. The name and	street address of the curre ment of State: (If resigned	nt registered ager					
	Mary McGillicuddy 2780 Cleveland Avenue, Le	egal Department S	uite 459		. ~		
	Fort Myers, FL 33901	_		<u> </u>	2019 p∵c 23		
6. The name and (if changed):	street address of the new t	registered agent (i	f changed) and /or register	red office			
	Mary A. McGillicuddy				₽₩ 5;		
	4211 Metro Parkway, Lega	ll Services, Lee He	alth Corporate Center		9		
P.O. Box. NOT acceptable							
	Fort Myers, FL 33916 ss of its registered office abe identical. s authorized by resolution board, or the corporation						
Signatur	of an officer or director		Printed or typed nam	ne and title			
l further agree to of my duties, and document is bei	the appointment as regist o comply with the provision of I am familiar with and a ng filed merely to reflect a been notified in writing a	ons of all statutes accept the obliga a change in the re	gree to act in this capacit relative to the proper as ion of my position as reg gistered office address, l	v. id complete p istered agent. ' hereby confi	erformanc Or, if thi rm that the		
-	ature of Registered Agent		Date				
If signing on bel May A. Ty	MALLICULAR ped or Frinted Name						

* * * FILING FEE: \$35.00 * * *