

P000000042308

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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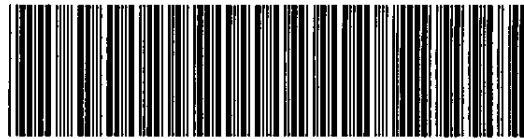
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Compassionate Care Partners, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P00000042308

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael C. Jones  
Name of Contact Person

Compassionate Care Partners, Inc.  
Firm/Company

3667 Webber St  
Address

Sarasota, FL 34232  
City/State and Zip Code

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

For further information concerning this matter, please call:

Michael Jones at ( 941 ) 921-4747  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Compassionate Care Partners, Inc.
2. The principal office address: 3667 Webber St Sarasota, FL 34232
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 4/27/2000 Document number: P00000042308

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

SPIEGEL & UTRERA, P.A.

343 ALMERIA AVENUE

CORAL GABLES FL 33134 US

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Michael C. Jones

3667 Webber St

P.O. Box NOT acceptable

Sarasota, FL 34232

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

*Michael Jones*  
Signature of an officer or director

Michael Jones - President  
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

*Michael Jones*  
Signature of Registered Agent

1/3/12  
Date

If signing on behalf of an entity:

Compassionate Care Partners, Inc  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

**FILED**  
12 JAN 11 PM 12:10  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA