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(Address)			
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PICK-UP WAIT MAIL			
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O. GOLDEN UAY 1 6 2619

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: REINA HOME HEALTH SERVICES, INC.

Name of Corporation

DOCUMENT NUMBER. P01000067668

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:

Thomas McInerney

· Name of Contact Person

REINA HOME HEALTH SERVICES, INC.

Firm/Company

16201 SW 95 Ave. Suite 103

Address

Miami, FL 33157

City/State and Zip Code

tmmcnerney@yahoo.com

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

For further information concerning this matter, please call:

Thomas McInerney

at (9

453-1917

Name of Contact Person

Area Code & Daytime Telephone Numbe

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

PR 19 M 10: 17



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 27, 2019

THOMAS MCINERNEY 16201 SW 95 AVENUE SUITE 103 MIAMI, FL 33157

SUBJECT: REINA HOME HEALTH SERVICES, INC.

Ref. Number: P01000067668

We have received your document for REINA HOME HEALTH SERVICES, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 419A00008489

2019 MAY 14 AM 10: 3

RECEIVED

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

		7.0502, 607.1508, or 617.1508, Flori organized under the laws of the State		
in order to change its registered office or registered agent, or both, in the State of Florida.				
1. The name of	the corporation: REINA HOME	HEALTH SERVICES, IN	C.	
2. The principal office address: 16201 SW 95 Ave. Suite 103 Miami, FL 33157				
3. The mailing	address (if different):		-	
4. Date of incor	poration/qualification: 07/03/20	01 Document number: P01	000067668	
	d street address of the current register rument of State: (If resigned, enter re	ered agent and registered office on file esigned)	e with the	
	Thomas McInerney			
	16201 SW 95 Ave. Suite	e 103 Miami, FL 33157)))	
			e []	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				
	Jany Rodriguez	52. 52		
16201 SW 95 Ave. Suite 103 Miami, FL 33157				
P.O. Box NOT acceptable				
			<u> </u>	
The street address changed will	ess of its registered office and the stoe identical.	treet address of the business office o	f its registered aξ	
Such change was authorized by the	es authorized by resolution duly add ne board, or the corporation has bee	opted by its board of directors or by a notified in writing of the change.	an officer so	
phone	re of an officer or director	Thomas McInerney, F		
I further agree performance of agent. Or, if the hereby confirm	o comply with the provisions of all my duties, and I am familiar with a is document is being filed merely to that the comporation has been notif	nt and agree to act in this capacity. statutes relative to the proper and c and accept the obligation of my posit preflect a change in the registered of ited in writing of this change.	omplete ion as registerea ffice address, I	

Signatureof

4-16-2019 Date