

PO1 000094798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

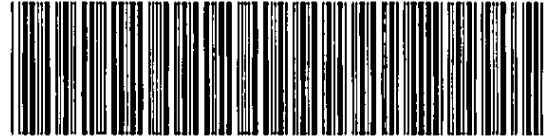
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200326361912

03/13/19--01:16--0.5 4034.0

S TALLENT
MAR 29 2019

FILED
19 MAR 19 4 12 08

R/A-CH

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: American HomeCare Equipment Inc
Name of Corporation

P01000094798
DOCUMENT NUMBER:

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:

Liliane B Fuhrman

Name of Contact Person

American HomeCare Equipment Inc

Firm/Company

6600 nw 12th ave Suite 217

Address

FT Lauderdale Florida 33309

City/State and Zip Code

Lfuhrman@ahcequip.com

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

For further information concerning this matter, please call:

Luis Sologuren

954 3174672

Name of Contact Person

at () 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: American HomeCare Equipment Inc
2. The principal office address: 6600 Nw 12th ave Suite 217 Ft Lauderdale Florida 33309

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 09/20/2001 Document number: 401A00053930 PD/000094798

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)

Fuhrman, Liliane

3342 Ne 171 st North Miami Beach Florida 33160

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


Liliane Fuhrman

6600 Nw 12th ave Suite 217 Ft Lauderdale Florida 33309

P.O. Box NOT acceptable

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.


Signature of an officer or director

WEB SODERREN COO
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.


Signature of Registered Agent

3/13/19
Date

If signing on behalf of an entity:

Liliane Fuhrman
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

CR21E045 (03/12)