## P01000102710

Requester's Name

veland Street · Suite 910 · Clearwater, rund Usew Drive Palm F	Florida 33755 tarbor) FL 31683
ORPORATION NAME(S) & DOC	Office Use Only UMENT NUMBER(S), (if known):
(Corporation Name)	(Document #)
(Corporation Name)	(Document #) 10000587922
(Corporation Name)	-06/20/020103 *****35.00 *** (Document #)
(Corporation Name)	(Document #)
Walk in Pick up time	Certified Copy
☐ Mail out ☐ Will wait	Photocopy Certificate of Status
Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS  Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other  V SHEPARD JUN 2

## 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,
the undersigned corporation organized under the laws of the State of Florica O
submits the following statement in order to change its registered office or registered agent, or both in state of Florida
1. The name of the corporation: Hep Care Inc.
<u> </u>
2. The mailing address of the corporation: 2813 Briar wood Lane?
Palm Harbor, Fr. 34683
3. Date of incorporation/qualification: Oct 23, 200/Document number: Polooo 102710  4. The name and address of the current registered agent and office: TAX ID # 651149085
4. The name and address of the current registered agent and office:
Business Filings Inc 8025 Excelsion Drive Sude 200
in a contract of the contract
Madison, WI 53717
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)
JUNE Clark
2813 Briarwood Lane
Palm Harbor, Fr. 34683
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.
(2/4/2)
(Sygnature of an officer, chairman or vice chairman of the board) (Date)
Panika L
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
Jene a Clark 6/4/02
(Eignature of Registered Agent) (Date)
If signing on behalf of an entity:
June A. Clark Secretary
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

Tallahassee, FL 32314