

P010001100000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

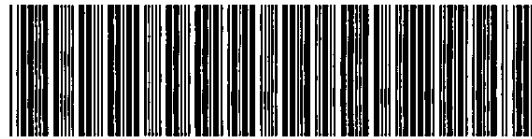
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. GOLDEN

JUL - 8 2017

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Park Home Care Management  
Name of Corporation

**DOCUMENT NUMBER:** P01000110666

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:

Jane Park  
Name of Contact Person

Park Home Care Management  
Firm/Company

12443 San Jose Blvd Suite 501  
Address

Jacksonville, FL 32223  
City/State and Zip Code

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

For further information concerning this matter, please call:

Jane Park at ( 904 ) 731-4350  
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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Park Home Care Management, Inc.
2. The principal office address: 12443 San Jose Blvd Suite 501  
Jacksonville, FL 32223
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 11/19/01 Document number: P01000110666
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)

Jane Park  
530 State Rd 13, Suite 2  
St. Johns, FL 32259

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

Jane Park  
12443 San Jose Blvd, Suite 501  
Jacksonville, FL 32223

P.O. Box NOT acceptable

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TALLAHASSEE, FLORIDA

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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.

Jane Park  
Signature of an officer or director

Jane Park / 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.

Jane Park  
Signature of Registered Agent

06-26-17  
Date

If signing on behalf of an entity:

Jane Park  
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