

PO1000115070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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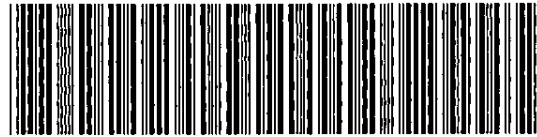
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

JUL 11 2012

T. LEMIEUX

PO

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HNB -STELL CARE, INC

Name of Corporation

DOCUMENT NUMBER: P01000115070

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:

Dean A. Butler

Name of Contact Person

HNB-STELL CARE, INC

Firm/Company

110 E.BROWARD BLVD., SUITE 1700

Address

FORT LAUDERDALE, FL. 33301

City/State and Zip Code

DBUTLER206@AOL.COM

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

For further information concerning this matter, please call:

DEAN BUTLER

Name of Contact Person

at **(954) 873-4545**

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 24, 2012

DEAN A BUTLER
110 E BROWARD BLVD STE 1700
FT LAUDERDALE, FL 33301

SUBJECT: HNB-STELL CARE, INC.
Ref. Number: P01000115070

We have received your document for HNB-STELL CARE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please have Dean A Butler sign the document.

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 112A00015180

RECEIVED
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

2012 JUL -9 AM 8:16

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**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: HNB-STELL CARE, INC.
2. The principal office address: 110 E. BROWARD BLVD. SUITE 1700
FORT LAUDERDALE, FLORIDA 33301
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/03/2001 Document number: P01000115070
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)

DEAN A. BUTLER ; HNB STELL-CARE, INC.

7000 NW 52ND STREET

MIAMI, FLORIDA 33166

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

110 E.BROWARD BLVD. SUITE 1700

P.O. Box NOT acceptable

FORT LAUDERDALE, FLORIDA 33301

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.

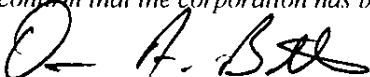


Signature of an officer or director

DEAN A. BUTLER

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

05/11/2012

Date

If signing on behalf of an entity:

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
CR2E045 (03/12)