

PD1000 116091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

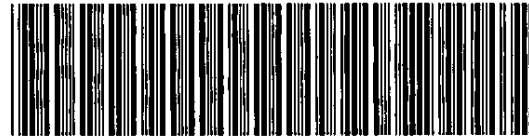
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600266906976

12/15/14--01005--024 **35.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 DEC 15 PM 3:43

DEC 22 2014
T. CARTER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COMFORT CARE MEDICAL EQUIPMENT & UNIFORMS INC
Name of Corporation

DOCUMENT NUMBER: P01000116091

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:

BRENDA J COUNSELL

Name of Contact Person

COMFORT CARE MEDICAL EQUIPMENT & UNIFORMS INC

Firm/Company

10475 SE US HWY 441

Address

BELLEVIEW FL 34420

City/State and Zip Code

BRENDACCME@AOL.COM

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

For further information concerning this matter, please call:

BRENDA J COUNSELL

Name of Contact Person

at (**352**) **307-9191**

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: COMFORT CARE MEDICAL EQUIPMENT & UNIFORMS INC

2. The principal office address: 10475 SE US HWY 441
BELLEVUE FL 34420

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/07/2001 Document number: P01000116091

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)

DONALD E STUDLEY

10475 SE US HWY 441

BELLEVUE FL 34420

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

BRENDA J COUNSELL

10475 SE US HWY 441

P.O. Box NOT acceptable

BELLEVUE FL 34420

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 DEC 15 PM 3:43

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.

Brenda J. Counsell
Signature of an officer or director

BRENDA J COUNSELL PRES

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.

Brenda J. Counsell
Signature of Registered Agent

12/10/2014

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)