P02000046550

(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

SEP 12 2014

T. LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PRIVATE DUTY NURSES, INC.
Name of Corporation

DOCUMENT NUMBER: P02000046550

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:

KATE HANDLEY CEO
Name of Contact Person

Private Duty Nurses, Inc.
Firm/Company

4400 N. FEDERAL HIGHWAY Suite 123
Address

BOCA RATON, FL. 33431
City/State and Zip Code

PDNURSES@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CONNIE VRANICH at (561) 417-9094
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: Private Duty Nurses, Inc.
2. The principal office address: 4400 N. Federal Highway Suite #123 Boca Raton, Florida 33431
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 4-29-2002 Document number: P02000046550
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)

   KATE HANDLEY
   440 N.W. 67TH STREET APT 201
   BOCA RATON, FLORIDA 33487

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

   KATE HANDLEY
   4400 N. FEDERAL HIGHWAY SUITE #123
   P.O. Box NOT acceptable
   BOCA RATON, FLORIDA 33431

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.

Kate Handley — Signature of an officer or director

KATE HANDLEY CEO — 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.

Kate Handley — Signature of Registered Agent

9/3/14 — 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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED