

PO20000064816

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

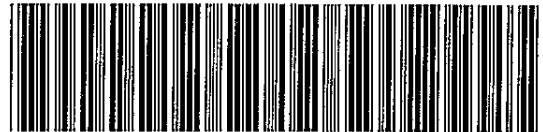
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100023032371

09/25/03--01060--014 **35.00

FILED
03 SEP 25 PM 2:55
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

RA/RD Change
CA 10/1/03

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DeSoto Home Care, Inc.
(Name of corporation)

DOCUMENT NUMBER: PO2000064816

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:

Don Houston
(Name of person)

DeSoto Home CARE
(Name of firm/company)

P.O. Box 1480
(Address)

Lake City, FL 32056
(City/state and zip code)

For further information concerning this matter, please call:

Don Houston at (386) 752-1699
(Name of 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
409 E. Gaines Street
Tallahassee, FL 32399

FILED
03 SEP 25 PM 2:55
TALLAHASSEE, FLORIDA

**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: DeSoto Home Care, Inc.
2. The principal office address: 311 N Marion Ave
LAKE CITY, FL 32055
3. The mailing address (if different): P.O. Box 1480
LAKE CITY, FL 32056
4. Date of incorporation/qualification: 06/11/2002 Document number: P02000004816
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:
John E. Norris
253 NW BLVD
LAKE CITY, FL 32055
6. The name and street address of the new registered agent (if changed) and /or registered office (if
changed):
DON Houston
311 N. Marion Ave
(P.O. Box or personal mailbox NOT acceptable)
LAKE CITY, FL 32055

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, chairman or vice chairman of the board)

(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.*

Don Houston

(Signature of Registered Agent)

9/23/03

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

03 SEP 25 PM 2:55
FILED
CLERK OF STATE
TALLAHASSEE, FLORIDA