

P02001096228

Florida Department of State
Division of Corporations
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To:

Division of Corporations
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D. Guerra
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**REGISTERED AGENT CHANGE
ALL FLORIDA HOME HEALTH SERVICES, INC.**

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

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November 14, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ALL FLORIDA HOME HEALTH SERVICES, INC.
4601 NW 77TH AVENUE SUITE A
MIAMI, FL 33166US

SUBJECT: ALL FLORIDA HOME HEALTH SERVICES, INC.
REF: P02000096228

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

THE WEBSITE REFLECTS CORPORATE CREATIONS NETWORK, INC. AS THE REGISTERED AGENT. PLEASE AMEND ACCORDINGLY.

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.

Susan Tallent
Regulatory Specialist II

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

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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: ALL FLORIDA HOME HEALTH SERVICES, INC.
2. The principal office address: 4601 NW 77th Avenue, Suite A Miami, FL 33166
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 09/06/2002 Document number: P02000096228

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)

CORPORATE CREATIONS NETWORK, INC.

11380 PROSPERITY FARMS ROAD #221 E

PALM BEACH GARDENS, FL 33410

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

DAVID C. RISTAINO, ESQ.

5200 BLUE LAGOON DRIVE, SUITE 500

P.O. Box NOT acceptable

MIAMI, FL 33126

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.

David C. Ristaino
Signature of an officer or director

DAVID C. RISTAINO, SECRETARY

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.

David C. Ristaino
Signature of Registered Agent

11/15/17

Date

If signing on behalf of an entity:

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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
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