

P02000096228

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561) 694-8107  
Fax Number : (561) 214-8442

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
20 SEP 22 AM 11:12

**REGISTERED AGENT CHANGE  
ALL FLORIDA HOME HEALTH SERVICES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

2020 SEP 22 PM 4:26



September 22, 2020

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 form you submitted is for a STATEMENT OF CHANGE OF REGISTERED AGENT FOR AN ALIEN BUSINESS, but your entity is a FLORIDA. Please complete and return the enclosed blank form(s).

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.

Shelia S Young  
Regulatory Specialist II

FAX Aud. #: H20000325655  
Letter Number: 720A00018113

**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 N.W. 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)

CABRERA, SUSY, ESQ.

5200 BLUE LAGOON DRIVE, SUITE 500

MIAMI, FL 33126

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

Corporate Creations Network Inc.

801 US Highway 1

P.O. Box NOT acceptable

North Palm Beach, FL 33408

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.

/s/ Caitlin Lazarus

Signature of an officer or director

Caitlin Lazarus, Attorney-in-Fact

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.*

/s/ Caitlin Lazarus

Signature of Registered Agent

09/22/2020

Date

If signing on behalf of an entity:

Caitlin Lazarus, Special Secretary

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 (04/13)

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