P03000012244

(Re	questor's Name)		
(Ad	dress)		
(Ad	ldress)		
- (Cit	ry/State/Zip/Phone	e #)	
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COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT:	Better Care Services, Inc.	ation)		
DOCUME	NT NUMBER: P03000012244			
	ed Statement of Change of Registered Office/Age	nt and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:				
	Judy Lee Angove (Name of Contact I	Person)		
Better Care Services, Inc. (Firm/Company)				
812 NW 29th Ct (Address)				
Wilton Manors, Florida, 33311 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Judy Ang	ove, President at ((Name of Contact Person)	(954) 563-8107 (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

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: Better Care Services, Inc.	
2. The principal office address: 9762 87th Place South, Boynton Beach, Florida, 33472	
3. The mailing address (if different): 812 NW 29th Ct, Wilton Manors, Florida, 33311	
4. Date of incorporation/qualification: 01/27/2003 Document number: P03000012244	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: Chard A Giuffreda 1328 13	07 SEP -6 AM 11: 09
The street address of its registered office and the street address of the business office of its registered as a 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. Judy Angove, President (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 perform of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, is document is being filed merely to reflect a change in the registered office address, I hereby confirm that corporation has been notified in writing of this change. August 19, 2007 (Signature of Registered Agent) (Typed or Printed Name)	

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