

PD3000098830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

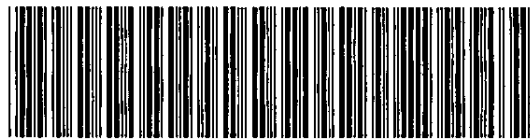
(Business Entity Name)

(Document Number)

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C. LEWIS  
AUG 30 2013  
EXAMINER

FILED  
13 AUG 26 AM 10:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Capital Home Health Corp.

Name of Corporation

**DOCUMENT NUMBER:** P03000098830

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:

Amy Kelly Porter

Name of Contact Person

Capital Home Health Corp

Firm/Company

1839 Buford Court

Address

Tallahassee, Florida 32308

City/State and Zip Code

Amynole1@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Kelly Porter

Name of Contact Person

at ( 850 ) 339-8170

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

CR2E045 (03/12)

⊗ Name change on Registered Agent + President of Corporation.

Amy Kelly got married + is now: Amy Kelly Porter

**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: Capital Home Health Corp
2. The principal office address: 1839 Buford Court  
Tallahassee, Florida 32308
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 09/09/2003 Document number: P03000098830
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)

Amy M Kelly

1839 Buford Court

Tallahassee, Florida 32308

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

Amy Kelly Porter

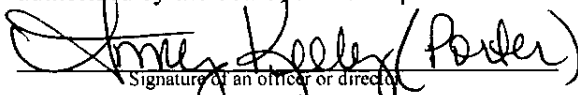
1839 Buford Court

P.O. Box NOT acceptable

Tallahassee, Florida 32308

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 or director

Amy Kelly (Porter)  
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.

  
Signature of Registered Agent

8-20-2013  
Date

If signing on behalf of an entity:

Amy Kelly Porter  
Typed or Printed Name

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

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TALLAHASSEE, FLORIDA  
got married :)