

From:

P03000154693

04/07/2014 22:47

#839 P.001/002

Division of Corporations

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

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Account Name : NATIONAL CORPORATE RESEARCH, LTD.
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Phone : (800) 221-0102
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**REGISTERED AGENT CHANGE
RECOVERY HOME CARE INC.**

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

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04/07/2014 22:47

#839 P.002/002

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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: RECOVERY HOME CARE INC
2. The principal office address: 1897 PALM BEACH LAKES BLVD #206
WEST PALM BEACH, FL 33409
3. The mailing address (if different): 370 REED ROAD SUITE 319
WEST PALM BEACH, FL 33409
4. Date of incorporation/qualification: 12/22/2003 Document number: P03000154693
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)

(RESIGNED)

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

ANGELO, ANTHONY P

1897 PALM BEACH LAKES BLVD #206

P.O. Box NOT acceptable

WEST PALM BEACH, FL 33409

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

ANTHONY P. ANGELO, 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 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

4/8/14
Date

If signing on behalf of an entity:

Anthony P. Angelo
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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