Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000010460 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA00000023

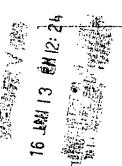
: (850)205-8842

Fax Number

: (850)878-5368

\*\*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 ANGEL WATCH HOME CARE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

SUBJECT: Angel Watch Home Care, Inc.

Name of Corporation

DOCUMENT NUMBER P04000041687

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:

Celeste Peiffer

Name of Contact Person

Amedisys, Inc.

Firm/Company

5959 S. Sherwood Forest Blvd.

Address

Baton Rouge, LA 70816

City/State and Zip Code

celeste.peiffer@amedisys.com

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

For further information concerning this matter, please call:

Celeste Peiffer

,,225

99-3366

Name of Contact Person

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)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Flotida r to change its registered office or registered agent, or both, in the State of Florida.
2. The principal	office address: 5959 S. Sherwood Forest Blvd. uge, Louisiana 70816
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: March 4, 2004 Document number: P04000041687
5. The name and	street address of the current registered agent and registered office on file with the truent of State: (If resigned, enter resigned)
	Dan W. Armstrong
	822 A1A North, Suite 303
	Jacksonville, Florida 32082
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office  CT Corporation System
	1200 South Pine Island Road
	P.O. Box NOT acceptable
	Plantation, Florida 33324
	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so board or the corporation has been notified in writing of the change.
	Paul B. Kusserow - President Printed or typed maine and title
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	the appointment as registered agent and agree to act in this capacity.  o comply with the provisions of all statutes relative to the proper and completed by the proper and completed by duties, and I am familiar with and accept the obligation of my position of registered states and I am familiar with and accept the obligation of my position of registered states and I am familiar with and accept the obligation of my position of registered states. It is a comporation has been notified in writing of this change.
Clean	Secretary 1-7-16 (7) and the secretary of the secretary o
If signing on bel	nalf of an entity:
CT Corpora	
Ту	ped 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 (03/12)