## P04000081281

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## COVER LETTER ·

Division of Corporations			
SUBJECT: Miami Beach Home Care, Inc.			
(Name of Corp	poration)		
DOCUMENT NUMBER: P04000081281			
The enclosed Statement of Change of Registered Office/A	agent and fee are submitted for filing.		
Please return all correspondence concerning this matter to	_		
t lease return an correspondence concerning this matter to	the following.		
Toni Kriberscheck, Paralegal			
(Name of Contact Person)			
Cohen & Grigsby, P.C. (Firm/Company)			
(Firm/Company)			
27200 Riverview Center Boulevard, Suite 309			
(Addres	s)		
Bonita Springs, FL 34134			
(City/State and Zip Code)			
For further information concerning this matter, please call	:		
Toni Kriberscheck, Paralegal	230 × 390-1917		
(Name of Contact Person)	at ( 239 ) 390-1917 (Area Code & Daytime Telephone Number)		
	,		
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address: Amendment Section	Street Address: Amendment Section		
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		
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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, statement of change is submitted for a corporation organiz			
in order to change its registered office or register	• • • • • • • • • • • • • • • • • • • •		
1. The name of the corporation: Miami Beach Home Ca	are, Inc.		
2. The principal office address: 4575 Via Royale, Suite			
3. The mailing address (if different): Same			
4. Date of incorporation/qualification: 05/21/2004	Document number: P04000081281		
5. The name and street address of the current registered age Florida Department of State:	_		
Rodgers, Mark			
4575 Via Royale, Suite 214			
Ft. Myers, FL 33919			
6. The name and street address of the new registered agent (if changed):	(if changed) and /or registered office		
Kelley G. Price, Esq., Cohen	& Grigsby, P.C.		
27200 Riverview Center Boulevard, Suite 309			
(P.O. Box NOT acceptable)			
Bonita Springs, FL 34134	·		
The street address of its registered office and the street a as changed will be identical.	ddress of the business office of its registered agent,		
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been not	by its board of directors or by an officer so ified in writing of the change.		
(Signature of an ornicer of director)	Vicki L. Bartlow, Vice President (Printed or typed name and title)		
I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all statu of my duties, and I am familiar with and accept the oblig document is being filed merely to reflect a change in the corporation has been notified in writing of this change.	l agree to act in this capacity. tes relative to the proper and complete performance gation of my position as registered agent. Or, if this registered office address, I hereby confirm that the		
Sidne W. C.	September 16, 2005		
(Signature of Registered Agent)	(Date)		
If signing on behalf of an entity:			
(Thread or Deintad Marra)			
(Typed or Printed Name)  * * * FILING FEI	E: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)