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(Ad	dress)	
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Alurracive Home Health Inc. (Name of corporation)
DOCUMENT NUMBER: P04 000 140876
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:
Darry Hurwirz (Name of contact person)
Alternative Home Health Inc. (Firm/Company)
731 North U.S. Highway One Soite 6 (Address)
Teg vesta FL 33469 (City/state and zip code)
For further information concerning this matter, please call:
(Name of contact person) at (561) 291-9905 (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
409 E. Gaines Street
Tallahassee, FL 32399

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
1. The name of the corporation: Alternative Home Health, In.
Teg. UCSta, FL 33469.
3. The mailing address (if different):
4. Date of incorporation/qualification: 15t12, 2004 Document number: P04000140876
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: OPFOPHTION SOLVICE CAMPANY 1801 HAYS ST. TAILAHASSEE, PL 32301 F.S. S.
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Unry Hurwitz From Property From Prop
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. Jay How to Crest desprished to the change of th
Signature of Registered Agent) (Signature of Registered Agent) (Date) (Date) (Date) (Date) (Date) (Typed of Printed Name)

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