

P04000 158392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

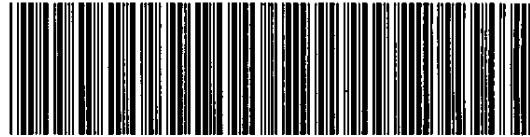
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900270937819

03/24/15--01025--019 **157.50

RECEIVED
AND
FILED

15 MAR 24, PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. LEMIEUX

APR 03 2015

**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: BRIDGES HOME HEALTH, INC.
2. The principal office address: 1931 WINKLER AVENUE
FORT MYERS, FL 33901
3. The mailing address (if different): SAME AS ABOVE
4. Date of incorporation/qualification: 11/22/04 Document number: P04000158392
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)

LYNCH, DANIEL E.

1931 WINKLER AVENUE

FORT MYERS, FL 33901

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

BERGES, MAUREEN

1931 WINKLER AVENUE

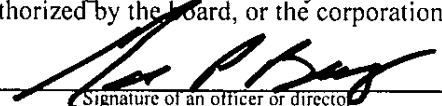
P.O. Box NOT acceptable

FORT MYERS, FL 33901

15 MAR 24 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

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

MAUREEN BERGES, 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

MARCH 16, 2015

Date

If signing on behalf of an entity:

N/A

Typed or Printed Name

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