

P050000063100

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: "Angie" Home Health Care, Inc
Name of Corporation

DOCUMENT NUMBER: PO5000063100

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:

Patricia Gomez
Name of Contact Person

"Angie" Home Health Care, Inc
Firm/Company

2730 SW 3rd Ave, Suite 703
Address

Miami, FL 33129
City/State and Zip Code

angiehealthcare@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patricia Gomez at (305) 856-8570
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 7, 2010

PATRICIA GOMEZ
"ANGIE" HOME HEALTH CARE INC
2730 SW 3RD AVE, SUITE 703
MIAMI, FL 33129

SUBJECT: "ANGIE" HOME HEALTH CARE INC
Ref. Number: P05000063100

We have received your document for "ANGIE" HOME HEALTH CARE INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 010A00011605

**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: "Angie" Home Health Care, Inc
2. The principal office address: 2730 SW 3rd Ave, Suite 703, Miami, FL 33129
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 04/28/2005 Document number: PO5000063100

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)

Patricia Gomez

2500 NW 79th Ave, Suite 181

Doral, FL 33122

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

Patricia Gomez

2730 SW 3rd Ave, Suite 703

P.O. Box NOT acceptable

Miami, FL 33129

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10 MAY 19 PM 12: 23

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.

PGomez
Signature of an officer or director

Patricia Gomez, 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.

PGomez
Signature of Registered Agent

5/01/2010
Date

If signing on behalf of an entity:

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
CR2E045 (8/05)