

PO5000137488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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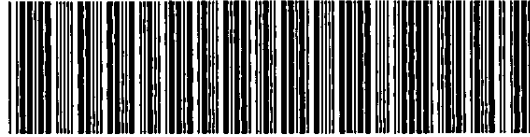
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 23 2015
[Signature]

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Resignation of Officer & Registered Agent
Name of Corporation

DOCUMENT NUMBER: P05000137488

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:

Nancy Ralston
Name of Contact Person

Hartford Health Services
Firm/Company

620 S. Lake St. Ste 3
Address

Leesburg, FL 34748
City/State and Zip Code

NRALSTON@CONCIERGE CARE FL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

(same) at (904) 534-1655
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

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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: HORTFORD HEALTH SERVICES, INC.
2. The principal office address: 620 S. LAKE ST. STE 3
LEESBURG, FL 34748
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/1/2005 Document number: P0500013744
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)

710R FARINAS
620 S. LAKE ST. STE 3
LEESBURG, FL 34748

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

Nancy Ralston
6817 Sunpoint Pkwy, Ste 1503
JACKSONVILLE, FL 32216

P.O. Box NOT acceptable

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]
Signature of an officer or director

Flor Farinas
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.

Nancy Ralston
Signature of Registered Agent

11/5/2015
Date

If signing on behalf of an entity:

Nancy Ralston
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 (03/12)