

POS000142993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

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MAY 13 2014

C. CARROTHERS

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Golden Home Health Care, Inc.  
Name of Corporation

DOCUMENT NUMBER: P05000142993

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:

Ramon D. Collado

Name of Contact Person

Golden Home Health Care, Inc

Firm/Company

4451 NW. 36 St. Suite: 115

Address

Miami Springs FL. 33166

City/State and Zip Code

ghomehcare@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ramon D. Collado

Name of Contact Person

at ( 305 ) 388-8166

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

1. The name of the corporation: Golden Home Health Care, Inc  
2. The principal office address: 4451 NW. 36 St. Suite: 115  
Miami Springs FL 33166  
3. The mailing address (if different): same as above

4. Date of incorporation/qualification: 10/20/2005 Document number: P05000142993

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)

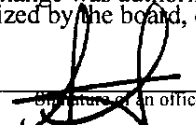
Collado Gonzalez, Ramon David  
14335 SW. 120 St. Suite: 209  
Miami FL 33186

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

Collado Gonzalez, Ramon David  
4451 NW. 36 St. Suite: 115  
P.O. Box NOT acceptable  
Miami Springs FL 33166

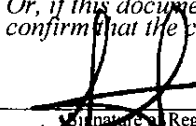
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Ramon D. Collado  
\_\_\_\_\_  
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

04/28/14.  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Ramon D. Collado  
\_\_\_\_\_  
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)