

POS000148593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

C. BRUMBLEY

JUN 30 2022

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 778331 4805411

AUTHORIZATION : *Signature*

COST LIMIT : \$ 35.00

ORDER DATE : June 29, 2022

ORDER TIME : 2:42 PM

ORDER NO. : 778331-005

CUSTOMER NO: 4805411

CHANGE OF AGENT

NAME: A+ QUALITY HOME HEALTH CARE,
INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: _____

**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: A+ QUALITY HOME HEALTH CARE, INC.
2. The principal office address: 1401 N UNIVERSITY DR SUITE 101 CORAL SPRINGS, FL 33071
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/07/2005 Document number: P05000148593
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)

WEISS, SAMUEL

1401 N UNIVERSITY DR SUITE 101

CORAL SPRINGS

FL 33071

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

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee

FL 32301

SECRETARY OF STATE
TALLAHASSEE, FL

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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.

Joe Bonaccorsi
Signature of an officer or director

Joe Bonaccorsi Secretary
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.

Corporation Service Company

By: Grace E. Kirby
Signature of Registered Agent

06/29/2022

Date

If signing on behalf of an entity:

Grace E. Kirby, Asst. Vice President
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 (04/13)