*P06000016910

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SECRETARY OF STATE ON SECRETARY OF CORPORATIONS

RAChange 02/27/06 De.

COVER LETTER

то:	Amendment Section Division of Corporations						
SUBJ	ECT: RELIABLE HOME CASE OF SWEINC (Name of Corporation)						
DOCU	JMENT NUMBER: P0600016910						
The er	sclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.						
Please	return all correspondence concerning this matter to the following:						
	Name of Contact Person)						
RELIABLE HOMECARE OF SWEINC (Firm/Company)							
	P. D. Box 2613 (Address)						
	BONITA SPRINGS FL 34133 (City/State and Zip Code)						
For fu	rther information concerning this matter, please call:						
	Name of Contact Person) at (239) 273 2833 (Area Code & Daytime Telephone Number)						
	(Name of Contact Person) (Area Code & Daytime Telephone Number)						
Enclos	sed is a \$35.00 check made payable to the Department of State.						
	Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building						

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

- STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chang	ovisions of sections 607. Te is submitted for a corp To change its registered o	ooration organized	under the laws	of the State of _	HORIS	4
	corporation: RELL			•		
2. The principal of	fice address: 540	JAEGEN	RA NI	APLES E	34109	
3. The mailing add	ress (if different): PE	Box 26/3	BONITA	4 SPRINGS	: 1234	4/33
4. Date of incorpor	ration/qualification: O/	1/30/06	Document nu	mber: P0 66	0000169	210
5. The name and si Florida Departm	treet address of the curre tent of State:	nt registered agent	and registered	office on file with	h the	
	<u>di</u>	ANE PENN	/		-	
_	57	405 JAEG	er Rs		<u>.</u>	. 1
_		APLES FR	34109		- 06	SEC
6. The name and si (if changed):	treet address of the new	registered agent (if	changed) and /	or registered offi	ice ##	SE TA
_	∑h,	WE PENNY			- 3	CORP CORP
	28	3) / VAC ox NOT acceptable)	ITICA L	ANE		STA OR AT
	(P.O. Bo	ox NOTacceptable)		6 211/20	_ (1)	S
					-	့တ
The street address as changed will be	of its registered office identical.	and the street addr	ess of the busi	ness office of its	s registered a	gent,
Such change was authorized by the	authorized by resolution board, or the corporation				_	
Signature	of an officer or director)		MANE PE	d or typed name and to	Ze S / <u>Λe</u> ~	· T
I hereby accept th I further agree to of my duties, and document is being corporation has b	e appointment as regist comply with the provisi I am familiar with and filed merely to reflect een notified in writing					
00 n 1	anna 1		02/01	12000		
(Signa	ture of Registered Agent)			(Date)		
If signing on beha	If of an entity:					
(Тур	ed or Printed Name)		.=			

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