

PO66000084796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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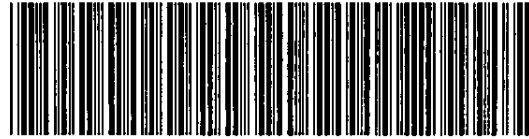
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FL 0919

APR 29 2013
T. LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HAPPY HEART HOME HEALTH CARE, INC.
Name of Corporation

DOCUMENT NUMBER: P06000084796

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:

Yeny De Erbiti

Name of Contact Person

Happy Heart Home Health Care, INC.

Firm/Company

50 Lindsay Court #101

Address

Hialeah Florida, 33010

City/State and Zip Code

happyhearthome@hotmail.com

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

For further information concerning this matter, please call:

Yeny De Erbiti

Name of Contact Person

at (305) 362-4585

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: Happy Heart Home Health Care, INC
2. The principal office address: 50 Lindsay Court #101, Hialeah Florida, 33010
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/21/2006 Document number: P06000084796
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)

Yeny De Erbiti

2050 West 56 Street Bay 15-16

Hialeah Florida 33016

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

Yeny De Erbiti

50 Lindsay Court #101

P.O. Box NOT acceptable

Hialeah Florida 33010

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TALLAHASSEE, FLORIDA

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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.

Yeny De Erbiti
Signature of an officer or director

Yeny De Erbiti

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.

Yeny De Erbiti
Signature of Registered Agent

4/22/2013
Date

If signing on behalf of an entity:

Yeny De Erbiti

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)