

P060000087069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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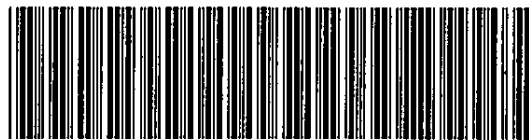
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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JUN 07 2007



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 29, 2007

XAVIER L. SUARZ  
LAW OFFICE OF XAVIER L. SUAREZ  
300 SEVILLA AVE #210  
CORAL GABLES, FL 33134

SUBJECT: ACCESS HOME HEALTH SERVICE CORP.  
Ref. Number: P06000087069

We have received your document for ACCESS HOME HEALTH SERVICE CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The person signing is not listed above as the new registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts  
Document Specialist

Letter Number: 307A00036781

RECEIVED  
07 JUN -7 AM 8:00  
DIVISION OF CORPORATIONS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Access How Human Service Corp.  
(Name of Corporation)

**DOCUMENT NUMBER:** P06 000087069

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:

Xavier L. Suarez  
(Name of Contact Person)

Law Office of Xavier L. Suarez  
(Firm/Company)

300 South Ave #210  
(Address)

Coral Gables, FL 33134  
(City/State and Zip Code)

For further information concerning this matter, please call:

Xavier L. Suarez at ( 305 ) 442 5393  
(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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Access Home Health Service Corp.

2. The principal office address: 7915 CORAL WAY, SUITE 107, MIAMI, FL. 33155

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: JUN 27 2006 Document number: P06 000087069

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

REYSONDA VAZQUEZ  
11605 SW 98 PL.  
MIAMI, FL. 33176

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

CARLTON VAZQUEZ  
10101 SW. 97 AVE  
(P.O. Box NOT acceptable)  
MIAMI, FL. 33176

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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.

x *Paul Vazquez*  
(Signature of an officer or director)

CARLTON VAZQUEZ  
(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.

x *Paul Vazquez*  
(Signature of Registered Agent)

JUN 21, 2007  
(Date)

If signing on behalf of an entity:  
*Paul Vazquez*  
(Typed or Printed Name)

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