

PK 00099713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

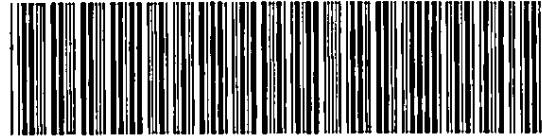
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 11 2018

S. YOUNG

**LAW OFFICES OF LUIS FERNANDEZ, P.A.**  
A Professional Association

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6/1/18

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: HOUSE CALL HOME HEALTH AGENCY, CORP.

Dear Sir or Madam:

Hope all is well with you.

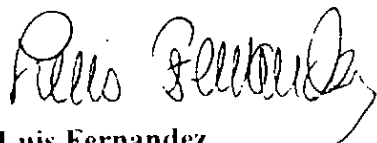
Enclosed please find:

1. House Call Home Health Resignation for Brian Neblett as President, Secretary and Treasurer with our escrow check number 7938 for \$ 35.00.
2. House Call Home Health Resignation for Michelle Holford as Vice President, with our escrow check number 7939 for \$ 35.00.
3. House Call Home Health Change of Registered Agent to Leonardo Leon Gallardo and accompanying articles of amendment, with our escrow check number 7940 for \$ 35.00.

Please make the changes and let us know if anything else is needed.

Thanking you for your promptness in taking care of this matter, I remain,

Sincerely,



Luis Fernandez  
Enc.

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: House Call Home Health Agency, Corp  
Name of Corporation

DOCUMENT NUMBER: P06000099723

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:

Leonardo Leon Gallardo

Name of Contact Person

House Call Home Health Agency, Corp

Firm/Company

50 NW 15th Street Suite 111

Address

Homestead, FL 33030

City/State and Zip Code

Leon/rona 260 79 @ 1cloud.com

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

For further information concerning this matter, please call:

Leonardo Leon Gallardo

Name of Contact Person

at ( 305 ) 444 44 88

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: House Call Home Health Agency, Corp.  
2. The principal office address: 50 NW 15th Street Suite 111, Homestead, FL 33030

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

4. Date of incorporation/qualification: 7/28/06 Document number: P0600099723

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)

Brian Neblett  
190 NW 14th Street  
Homestead, FL 33030

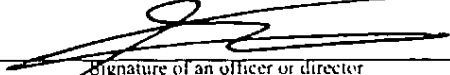
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Leonardo Leon Gallardo  
50 NW 15th Street  
P.O. Box NOT acceptable  
Homestead, FL 33030

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TALLAHASSEE, FLORIDA


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

Brian Neblett, Vice President  
\_\_\_\_\_  
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

June 1st, 2018

\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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