

PO 60000/30027

(Requestor's Name)

(Address)

NO ADDRESS GIVEN
(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

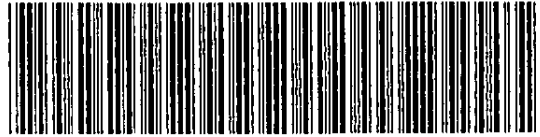
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

3-16-10



800171213538

03/12/10--01018--017 **35.00

2010 MAR 12 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

PK Chang
S

**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: A SELECT GROUP HOME HEALTH CARE, INC.

2. The principal office address: 4113 NW 135 STREET OPA-LOCKA, FL. 33054

3. The mailing address (if different): _____

4. Date of incorporation/qualification: _____ Document number: P06000130027

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)

MARLENE GUZMAN

4113 NW 135 STREET

OPA LOCKA, FL. 33054

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

MIGUEL PEREZ

4113 NW 135 STREET

P.O. Box NOT acceptable

OPA LOCKA, FL. 33054

FILED
2010 MAR 12 PM 2:02
SECRETARY OF STATE
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]
Signature of an officer or director

MARLENE GUZMAN
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]
Signature of Registered Agent

03/09/2010
Date

If signing on behalf of an entity:

MIGUEL PEREZ
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 (8/05)

**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: A SELECT GROUP HOME HEALTH CARE, INC.
2. The principal office address: 4113 NW 135 STREET OPA-LOCKA, FL. 33054
3. The mailing address (if different): _____
4. Date of incorporation/qualification: _____ Document number: P06000130027
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)

MARLENE GUZMAN

4113 NW 135 STREET

OPA LOCKA, FL. 33054

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

MIGUEL PEREZ

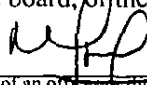
4113 NW 135 STREET

P.O. Box NOT acceptable

OPA LOCKA, FL. 33054

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 authorized by the board, or the corporation has been notified in writing of the change.

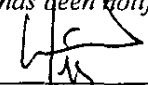


Signature of an officer or director

MARLENE GUZMAN

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

03/09/2010

Date

If signing on behalf of an entity:

MIGUEL PEREZ

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 (8/05)

FILED
2010 MAR 15 PM 2:02
TALLAHASSEE, FLORIDA
SECRETARY OF STATE