

PO7000058250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

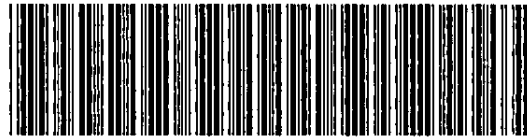
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100237199571

07/09/12--01026--005 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JUL -9 PM 12:27

R.A.

JUL 12 2012

T. BROWN

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HOPE HOME CARE SERVICES, Inc  
Name of Corporation

**DOCUMENT NUMBER:** P07000058250

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:

Mercedes Lopez Cisneros

Name of Contact Person

Mercedes Lopez Cisneros, P.A

Firm/Company

8700 West Flagler St, Suite 390

Address

Miami, Florida 33174

City/State and Zip Code

lopezcisneros2003@yahoo.com

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

For further information concerning this matter, please call:

Mercedes Lopez Cisneros

Name of Contact Person

at ( 305 ) 480-1234

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

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.

- CR2E045 (03/12)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JUL -9 PM 12:27