P07000058250

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DIVISION OF CORPORATIONS

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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 at (305) 480-1234				
Mercedes Lopez Cisneros at (305) 480-1234 Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address: Street Address: Amendment Section Amendment Section				
Division of Corporations Division of Corporations				
P.O. Box 6327 Clifton Building				
Tallahassee, FL 32314 2661 Executive Center Circle				
Tallahassee, FL 32301				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation organi	2, 607.1508, or 617.1508, Florida Statutes zed under the laws of the State of FLORID red agent, or both, in the State of Florida.)A
	he corporation: HOPE HOME CAF		
2. The principal	office address: 3455 E. 4th Avenue	e, Suite3, Hialeah, Florida 330	13
3. The mailing ac	ddress (if different): same as above)	
4. Date of incorp	oration/qualification: 05/15/2007	Document number: P07000058	250
	street address of the current registered ag tment of State: (If resigned, enter resigned		
	Carlos A. Diaz Valladares (re	signed)	
	3455 E. 4th Avenue- Suite 3		. 01
	Hialeah, Florida 33013		SECR VISION 12 JU
6. The name and (if changed):	street address of the new registered agen	t (if changed) and /or registered office	VISION OF CO
	Anay Simon		Y OF STAI
	3455 E. 4th Avenue- Suite 3		RAIII
	P.O. Box NOT	acceptable	. 08.
,	Hialeah, Florida 33013		
The street addre	ss of its registered office and the street a be identical.	address of the business office of its regist	ered agent,
Such change wa authorized by th	s authorized by resolution duly adopted e board, or the corporation has been not	by its board of directors or by an officer ified in writing of the change.	so
	Sey/	Carlos A. Diaz Valladares	
I hereby accept I further agree t performance of agent. Or, if hi	e of an officer or director the appointment as registered agent and o comply with the provisions of all statu my duties, and I am familiar with and ac s document is being filed merely to refle that the corporation has been notified in	tes relative to the proper and complete ecept the obligation of my position as reg ect a change in the registered office addre	ristered ess, I
	nature of Registered Agent	July 2, 2012	
If signing on bel		Date:	Maria Maria

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