## PD7000084677

| (Re                                     | equestor's Name)       |     |
|---|------------------------|-----|
| (Ad                                     | ddress)                |     |
| (A                                      | ddress)                |     |
| (C                                      | ity/State/Zip/Phone #) |     |
| PICK-UP                                 | ☐ WAIT ☐ MA            | AIL |
| <b>(</b> B                              | dusiness Entity Name)  |     |
| (Document Number)                       |                        |     |
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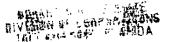
## **COVER LETTER**

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TO: Amendment Section

Division of Corporations

15 JUL 13 附4443



SUBJECT: THE ROSES' HOME HEALTH CARE. Name of Corporation

P07000084677 DOCUMENT NUMBER:

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:

ROSABEL L. HILL Name of Contact Person

THE ROSES' HOME HEALTH CARE, INC. Firm/Company

9550 REGENCY SQUARE BWO. SUME 904 Address

E, FL<u>33335</u> City/State and Zip Code

ROSARIOLERUM @ GMAIL. COM

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

For further information concerning this matter, please call:

ROSABEL L. HILL

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

| statement of chang  | vovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ge is submitted for a corporation organized under the laws of the State ofto change its registered office or registered agent, or both, in the State of Florida.   |
|---|--|
| 1. The name of the  | e corporation: THE ROSES' HOME HEALTHCARE, INC.  |
| 2. The principal of   | ffice address: 9550 REGENCY SQUARE BLVD. SUITE 904   |
|   | JACKSONVILLE, FL 30005   |
| 3. The mailing add  | dress (if different):  |
| 4. Date of incorpo  | eration/qualification: 7/23/2007 Document number: P070000 84677  |
|   | street address of the current registered agent and registered office on file with the nent of State: (If resigned, enter resigned)   |
| 11  | 555 CENTRAL PARKWAY SUITE 603  |
| <u> </u>  | JACKSONVILLE, FLORIDA  |
| _3  | 3234   |
| 6. The name and s (if changed):   | street address of the new registered agent (if changed) and /or registered office  |
| <u> </u>  | 9550 REGENCY SQUARE BLVD. SUITE 904 票  |
|   | JACKSONVILLE, FLORIDA  |
|   | P.O. Box NOT acceptable  |
| -   | <u>39395</u>   |
| The street address as changed will be   | s of its registered office and the street address of the business office of its registered agent, e identical.   |
| Such change was authorized by the   | authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.  |
| April 1   | Asabel Hill administration   |
| Signature   | of an officer of director Printed of typed name and the  |
| I hereby accept in<br>I further agree to<br>performance of m<br>agent. Or, if this<br>hereby confirm th | ne appointment as registered agent and agree to act in this capacity.  comply with the provisions of all statutes relative to the proper and complete by duties, and I am familiar with and accept the obligation of my position as registered  document is being filed merely to reflect a change in the registered office address, I  tat the corporation has been notified in writing of this change. |
| * KWall   | 1 NUU 7/8/15   |
|   | ture of Registered Agent Date  |
| If signing on beha  | alf of an entity:  |
| Type  | ed or Printed Name   |

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