

PD70000084677

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TO: Amendment Section
Division of Corporations

15 JUL 13 PM 4:43

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301

SUBJECT: THE ROSES' HOME HEALTHCARE, INC.
Name of Corporation

DOCUMENT NUMBER: P 07000084677

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 HEALTHCARE, INC.

Firm/Company

9550 REGENCY SQUARE BLVD. SUITE 904

Address

JACKSONVILLE, FL 32225

City/State and Zip Code

ROSARIO LERUM @ 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

at (904) 449-9899

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: THE ROSES' HOME HEALTHCARE, INC.
2. The principal office address: 9550 REGENCY SQUARE BLVD. SUITE 904
JACKSONVILLE, FL 32225
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 7/23/2007 Document number: P07000084677

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)

11555 CENTRAL PARKWAY SUITE 603
JACKSONVILLE, FLORIDA
32224

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

9550 REGENCY SQUARE BLVD. SUITE 904
JACKSONVILLE, FLORIDA
32225

P.O. Box NOT acceptable

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.

Rosabel Hill
Signature of an officer or director

Rosabel Hill/administrator
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.

Rosabel Hill
Signature of Registered Agent

7/8/15
Date

If signing on behalf of an entity:

Rosabel Hill
Typed or Printed Name

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