Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC

Account Number : 110432003053

: (551)694-8107

Fax Number

: (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE QUALITY HOME HEALTH SERVICES, INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

C. LEWIS

JAN 2 9 2014

EXAMINER

14 JAN 28 AM 10: 0

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

Pursuant to the provisions of sections 607.0502, 617.050 statement of change is submitted for a corporation organ	nized under the laws of the State of Florida
in order to change Its registered office or register	•
1. The name of the corporation; QUALITY HOME	HEALTH SERVICES, INC.
2. The principal office address: 901 SOUTH STATE RD. 7, SUITE 20	00, HOLLYWOOD, FLORIDA 33023
3. The mailing address (if different):	110, MIAMI, FLORIDA 33178
4. Date of incorporation/qualification: 11/13/2007	Document number: P07000122813
5. The name and street address of the current registered a Florida Department of State: (If resigned, enter resigned)	
ALAN SODERQUIST	
901 SOUTH STATE ROAD	7, SUITE 200
HOLLYWOOD, FLORIDA 3	3023
6. The name and street address of the new registered age (if changed):	nt (if changed) and /or registered office
CORPORATE CREATIONS	NETWORK, INC.
11380 PROSPERITY FARM	/IS ROAD #221E
P.O. BOX NOT PALM BEACH GARDENS,	
The street address of its registered office and the street as changed will be identical.	address of the business office of its registered agent,
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been no	l by its board of directors or by an officer so trified in writing of the change.
Signature of an officer of director	Alan L. Soderquist, President & CEO
I hereby accept the appointment as registered agent an I further agree to comply with the provisions of all stat performance of my duites, and I am familiar with and a agent. Or of this document is being filed merely to refine the performance in the corporation has been notified in the corporation has been not fine the corporation has been notified in the corporation has been not fine the c	d agree to act in this capacity, utes relative to the proper and complete accept the obligation of my position as registered ect a change in the registered office address, I n writing of this change.
Signification of Registered Agent	January 28, 2014 Date
If signing on behalf of an entity: Kristine Roy, Special Secretary	
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, TALLAHASSEB, FL 32314 CR2E045 (03/12)