PD8000004712

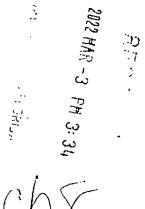
(F	Requestor's Name)		
-	alde N		
(F	(ddress)		
(A	Address)		
,	•		
(0	City/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL	
(E	Business Entity Name)		
	Document Number)		
,-	,		
Certified Copies	Certificates of	Status	
Special Instructions to Filing Officer:			

Office Use Only



100382794921

2022 HAR -3 PH 12: 33



RAROKAS

MAR () 4 (202) I ALBRITTON CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 524970 4363280

AUTHORIZATION : STREET OF MAR

COST LIMIT : '\$' 35/00

ORDER DATE: March 3, 2022

ORDER TIME : 2:17 PM

ORDER NO. : 524970-009

CUSTOMER NO: 4363280

CHANGE OF AGENT

NAME: INTERIM HEALTHCARE OF TREASURE

COAST, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

/1Ü/

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 organization in order to change its registered office or registered.	nized under the laws of the Sta	te of <u>FL</u>
The name of the corporation: NTERIM HOMESTYLE The principal office address: 2 Harvard Circle STE 95	SERVICES OF THE TREAS	URE COAST, INC.
3. The mailing address (if different): 1551 SAWGRASS	CORPORATE PARKWAY SU	JITE 230 SUNRISE, FL 3332
4. Date of incorporation/qualification: 01/28/2008	Document number: PO	08000009772
5. The name and street address of the current registered a Florida Department of State: (If resigned, enter resign		_
CT CORPORATION SYSTEM		72.
1200 SOUTH PINE ISLAND ROAD	-	2022 HAR -3
PLANTATON	FL 33324	ASS TO M
6. The name and street address of the new registered age (if changed):	nt (if changed) and /or register	PM 12: 33 ASSEE, FL ed office
Corporation Service Company		
1201 Hays Street		
	x NOT acceptable	
Tallahassee	FL 32301	
The street address of its registered office and the street as changed will be identical.	address of the business office	e of its registered agent.
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been not	d by its board of directors or b tified in writing of the change	oy an officer so e.
Sheets	Jennifer Sheets	PRESIDENT
Signifure of anjofficer of director	Printed or typed name	
I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all state of my duties, and I am familiar with and accept the oblession document is being filed merely to reflect a change in the corporation has been notified in writing of this change Corporation Service Company	ad agree to act in this capacity lutes relative to the proper and ligation of my position as regi e registered office address, I	the discount of the complete performance stered agent. Or, if this hereby confirm that the
By: Drace C-Kirbly	03/02/2022	
Signature of Registered Agent If signing on behalf of an entity:	Date	
GRACE E. KIRBY, ASST. VICE PRESIDENT		

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

MAKE CHECKS PAYARLE TO FLORIDA DEPARTMENT OF STATE

Typed or Printed Name