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SECRETARY OF STATE
TALLAHASSEE STATE

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 Horida. in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Lea Care, Tuc.
2. The principal office address: 94 30 Hwy 141 South, Hartsville Tenn. 37074
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: Warth 6, 2008 Document number: Pos 600024347
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
1574 VILLAGE SQUARER BLUD,
SIR 100, TallahassRR, 71. 32309
6. The name and street address of the new registered agent (if changed) and /or registered offide RO (if changed):
810 SATURU ST. Suite #17 Tupiter, 74. 33477
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. Robert M. Becht Robert M. Becht Tus.
(Signature of an officer or director) 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. The Composition of Registered Agent) (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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