

PO8000055938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

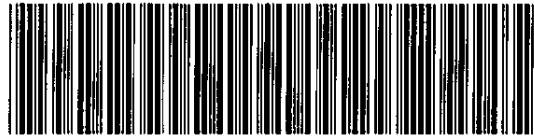
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CARELAND HOME HEALTH SERVICES CORP
Name of Corporation

DOCUMENT NUMBER: P08000055938

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:

CARLOS GARCIA LEIVA
Name of Contact Person

CARELAND HOME HEALTH SERVICES CORP
Firm/Company

6299 W SUNRISE BLVD, STE 217B
Address

SUNRISE, FL 33313
City/State and Zip Code

CARELANDHHS@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLOS GARCIA LEIVA at (786) 879-2131
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 12, 2010

LISSETTE HERNANDEZ
CARELAND HOME HEALTH SERVICES CORP.
6299 W. SUNRISE BLVD., STE. 217B
SUNRISE, FL 33313

SUBJECT: CARELAND HOME HEALTH SERVICES CORP.
Ref. Number: P08000055938

We have received your document for CARELAND HOME HEALTH SERVICES CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The registered agent must sign accepting the designation.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 310A00011965

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

1. The name of the corporation: CARELAND HOME HEALTH SERVICES CORP
2. The principal office address: 6299 W. SUNRISE BLVD SUITE 217B
SUNRISE, FL 33313
3. The mailing address (if different): SAME AS ABOVE
4. Date of incorporation/qualification: 06/09/2008 Document number: P08000055938

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)

CARLOS GARCIA LEIVA

20911 JOHNSON ST # 107

PEMBROKE PINES FL 33029

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

CARLOS GARCIA LEIVA

6299 W. SUNRISE BLVD, STE 217B


P.O. Box NOT acceptable

SUNRISE, FL 33313

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

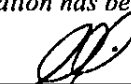
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.



Signature of an officer or director

CARLOS GARCIA LEIVA/PRESIDENT
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.



Signature of Registered Agent

06/08/2010

Date

If signing on behalf of an entity:

N/A

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, TALLAHASSEE, FL 32314
CR2E045 (8/05)