

PO8000090283

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 07 2012
T. LEMIEUX



Sky Life Home Healthcare Services, Inc
2460 SW 137th Ave Suite 245
Miami, Florida 33175

October 31, 2012

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314
Attn: Amendment Dept.

RE: Sky Life Home Healthcare Services, Inc
Document No. P08000090283

Dear Sir or Madam:

Enclosed please find Statement of Change of Registered Office for Incorporations and a check in the amount of \$ 35.00 to cover your processing fee.

Please confirm the filling of this statement by returning a stamped copy of the statement to my attention at the above letterhead address as soon as possible.

Thank you for your attention to this matter and, should you have any questions, please do not hesitate to contact me.

Sincerely yours

A handwritten signature in black ink, appearing to read "Abel Perez Alonso", is written over the typed name.

ABEL PEREZ ALONSO

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Change of Registered Office

Name of Corporation

DOCUMENT NUMBER: P08000090283

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:

Abel Perez Alonso

Name of Contact Person

Sky Life Home Healthcare Services Inc

Firm/Company

2721 SW 137th Ave Suite 116

Address

Miami, FL, 33175

City/State and Zip Code

skylifehhs@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Abel Perez Alonso

Name of Contact Person

at (305) 5519423

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

1. The name of the corporation: Sky Life Home Healthcare Services Inc
2. The principal office address: 2721 SW 137th Ave Suite 116 Miami, FL, 33175
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/03/2008 Document number: P08000090283

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)

2721 SW 137th Ave Suite 116 Miami, FL, 33175

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

2460 SW 137th Ave Suite 245 Miami, FL, 33175

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.

Signature of an officer or director

Abel Perez Alonso/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

10/31/12

Date

If signing on behalf of an entity:

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 (03/12)

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