

P10000077416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

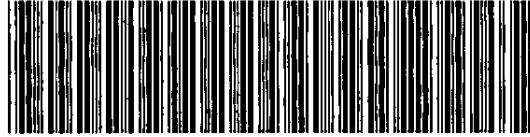
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 21 2016

C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Elite Care At Home of Broward, Inc.
Name of Corporation

DOCUMENT NUMBER: P10000077416

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:

Xiomara Umana
Name of Contact Person

Elite Care At Home of Broward, Inc.
Firm/Company

3350 SW 148 Ave Ste 110
Address

Miramar FL 33027
City/State and Zip Code

xiomara.umana@miamielitecare.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Xiomara Umana at (305) 231-0555
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

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

1. The name of the corporation: Elite Care At Home of Broward, Inc.
2. The principal office address: 3350 SW 148 Ave Ste 110,
Miramar, FL 33027
3. The mailing address (if different): 6447 miami lakes Dr East Ste 101A
miami lakes, FL 33014
4. Date of incorporation/qualification: 9/22/10 Document number: P10000077416
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)
12515 orange Dr Ste 801
Davie, FL 33330

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

3350 SW 148 Ave Ste 110
Miramar, FL 33027
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 authorized by the board, or the corporation has been notified in writing of the change.

Xiomara Umana

Signature of an officer or director

Xiomara Umana

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

3/8/16
Date

If signing on behalf of an entity:

Judith Jasinto
Elite Care At Home of Broward, Inc.

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

CD35045 (07/13)

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