

P11000058059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900291982739

11/18/16--01011--028 \*\*35.00

FILED  
CLERK OF COURT  
DIVISION OF CORPORATE  
2016 NOV 18 AM 11:10

NOV 21 2016

C LEWIS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Accredited Home Health Care of Broward, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P11000058059

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:

**Brent D. Klein, Esq.**

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Firm/Company

**3850 Bird Road, Suite 602**

\_\_\_\_\_  
Address

**Miami, FL 33146**

\_\_\_\_\_  
City/State and Zip Code

**brent.klein@gmlaw.com**

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

For further information concerning this matter, please call:

**Brent D. Klein**

\_\_\_\_\_  
Name of Contact Person

at ( **305** ) **789-2772**

\_\_\_\_\_  
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: Accredited Home Health Care of Broward, Inc.
2. The principal office address: 3010 Corporate Way, Miramar, FL 33025
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: June 22, 2011 Document number: P11000058059
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)

Ramon Falero

12555 Orange Drive, Suite 115

Davie, FL 33330

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

Brent D. Klein

3850 Bird Road, Suite 602


P.O. Box NOT acceptable

Miami, FL 33146

2016 NOV 18 AM 11:10  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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

Ramon Falero, 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

November 17, 2016  
\_\_\_\_\_  
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)