P11 0000074245

(Daywashada Nama)
(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:
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02/10/31--01017--039 **85.00





CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Meghan Groom meghan.groom@cscglobal.com

Date: February 8, 2021

Order#: 639480/197

Re: INFINITY HOME CARE ACQUISITION CORP.

Enclosed please find:

XX __ Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX ___ Return Regular Mail in the enclosed envelope.

Attn:Meghan Groom c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	nge is subn	of sections 607,050 uitted for a corpora its registered offic	tion organ	ized under the la	ws of the State	of_FL	this ——	
1. The name of t	he corporat	ion: INFINITY HOM	ME CARE	ACQUISITION (CORP.			
2. The principal	office addr	ess: A BATON ROUG	_					
3. The mailing a	ddress (if d	ifferent):						
4. Date of incorp	4. Date of incorporation/qualification: 08/18/2011 Document number: P11000074245							
5. The name and	street addr	ess of the current reate: (If resigned, en	egistered ag	gent and register				
	CT CORF	PORATION SYSTE	ΞM					
	1200 SOUTH PINE ISLAND ROAD					<u>~</u> %	20;	
	PLANTATION, FL 33324						33 1	Stage J
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered offi						B 10 AH	
	Corporation	on Service Compa	ny			AIS.	ڣ	
	1201 Hays Street						2	
				NOT acceptable				
	Tallahass			FL				
The street address changed will	ss of its reg be identica	gistered office and I.	the street a	address of the bi	usiness office o	of its registe	red age	ent.
Such change wa authorized by th	s authorize e board, or	d by resolution du the corporation ha	ly adopted as been not	by its board of lifted in writing	directors or by of the change.	an officer s	Ю	
Xi	2 e	agni		Jill Cilmi, Vice	President			
/ 1	e of an officer				ited or typed name a	nd title		_
I further agree to of my duties, and document is beir	o comply w d I am fam ng filed me been notif	tment as registered with the provisions iliar with and acce rely to reflect a ch ied in writing of th	of all statu pt the obli ange in the	ites relative to the	he proper and c sition as registe	ered agent.	Or, if	ms
By: Jyo	res C	-Kub1	e	02/04/2021				
Sign	nature of Regis		abla		Date			_
If signing on bel	natt of an e	ntity:						
Grace E. Kirby, A	Asst. Vice I							

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

CR2E045 (04/13)