

P120000005873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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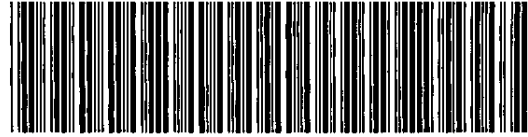
(Business Entity Name)

(Document Number)

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*no change*

JUN 19 2012

T. LEWIS

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Compassionate Care Partners of the Palm Beaches Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P12000005873

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:

**Donna Holm**

Name of Contact Person

Compassionate Care Partners of the Palm Beaches Inc d/b/a Comfort Keepers

Firm/Company

**500 S Australian Ave, Ste 634**

Address

**West Palm Beach, FL 33401**

City/State and Zip Code

**donnaholm@comfortkeepers.com**

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

For further information concerning this matter, please call:

**Donna Holm**

Name of Contact Person

at ( **561** ) **833-7355**

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: Compassionate Care Partners of the Palm Beaches Inc  
2. The principal office address: 500 S Australian Ave, Ste 634, West Palm Beach, FL 33401

3. The mailing address (if different): same

4. Date of incorporation/qualification: 1/16/12 Document number: P12000005873

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)

Donna Holm

6474 Watercrest Way, Unit 204

Lakewood Ranch, FL 34202

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

Donna Holm

500 S Australian Ave, Ste 634

P.O. Box NOT acceptable

West Palm Beach, FL 33401

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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.

Donna Holm

Signature of an officer or director

Donna M. Holm

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.*

Donna Holm

Signature of Registered Agent

6-12-12

Date

If signing on behalf of an entity:

Donna M. Holm

Typed or Printed Name

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