

P12000032209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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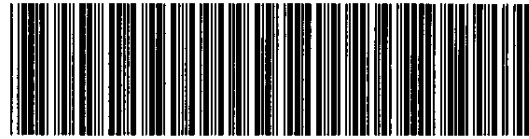
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 07 2014

C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PEACE OF MIND HOMECARE SERVICES, INC.
Name of Corporation

DOCUMENT NUMBER: P12000032209

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:

THOMAS TRAVAGLIO
Name of Contact Person

PEACE OF MIND HOMECARE SERVICES INC
Firm/Company

664 MISSION HILLS TRAIL
Address

THE VILLAGE FL 32162
City/State and Zip Code

Thomas@peaceofmindhomecare.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THOMAS TRAVAGLIO at (352) 391-4482
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

**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: PEACE OF MIND HOMECARE SERVICES, INC.
2. The principal office address: 1623 BENITEZ STREET, THE VILLAGES, FL 32159
664 MISSION HILLS TRAIL
3. The mailing address (if different): 664 Mission Hills Trail, THE VILLAGES, FL 32162

4. Date of incorporation/qualification: 04/04/2012 Document number: P12000032209

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)

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallahassee, FL 32301

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

InCorp Services, Inc.

17888 67th Court North

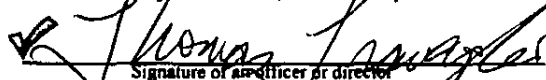
P.O. Box NOT acceptable

Loxahatchee, FL 33470

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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.


Signature of officer or director

Thomas Traviglio TRES.
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

March 10, 2014

Date

If signing on behalf of an entity:

Heather Nee on behalf of Incorp Services, Inc.
Typed or Printed Name

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