

P/2000033389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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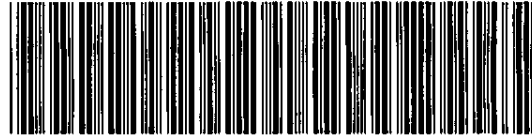
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
15 MAY 11 PM 3:51

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 12, 2015

RAYMOND R HAMMONS
SAVING LIVES HOME HEALTH AGENCY, INC.
1881 SE PORT SAINT LUCIE BLVD
PORT SAINT LUCIE, FL 34952 US

SUBJECT: SAVING LIVES HOME HEALTH AGENCY, INC.
Ref. Number: P12000033389

We have received your document for SAVING LIVES HOME HEALTH AGENCY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Cannon
Regulatory Specialist II

Letter Number: 315A00009909

COVER LETTER

TO: Amendment Section
Division of Corporations

Saving Live Home Health Agency, Inc.

SUBJECT: _____
Name of Corporation

P12000033389

DOCUMENT NUMBER: _____

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:

Raymond R Hammons

Name of Contact Person

Saving Lives Home Health Agency, Inc.

Firm/Company

1881 SE Port Saint Lucie Blvd

Address

Port Saint Lucie, FL 34952

City/State and Zip Code

rustyhammons11@me.com

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

For further information concerning this matter, please call:

Raymond Hammons

407

341-6456

at (_____) _____

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

1. The name of the corporation: Saving Lives Home Health Agency, Inc.
2. The principal office address: 4521 Lake Worth Rd
Greenacres, Florida 33463
3. The mailing address (if different): Same as above

4. Date of incorporation/qualification: 4/6/12 Document number: P12000033389

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)

Raymond R Hammons

4521 Lake Worth Rd

Greenacres, FL 33463

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

Raymond R Hammons

1881 SE Port Saint Lucie Blvd

Port Saint Lucie, FL 34952

P.O. Box NOT acceptable

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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.

Raymond R Hammons
Signature of an officer or director

Raymond R. Hammons Director
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.

Raymond R Hammons
Signature of Registered Agent

5/1/15
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