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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: Emerald Coast Home Care, Inc

Name of Corporation

DOCUMENT NUMBER. P13000018881

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:

**Brian Mack** 

Name of Contact Person

Emerald Coast Home Care, Inc

Firm/Company

3999 Commons Dr W, Suite P

Address

Destin, FL 32541

City/State and Zip Code

ba.mack@att.net

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

For further information concerning this matter, please call:

**Brian Mack** 

<sub>.</sub>,850 \807-7800

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

CR2E045 (03/12)



## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 6, 2013

BRIAN MACK EMERALD COAST HOME CARE, INC. 3999 COMMONS DR W, SUITE 9 DESTIN, FL 32541

SUBJECT: EMERALD COAST HOME CARE, INC.

Ref. Number: P13000018881

We have received your document for EMERALD COAST HOME CARE, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Officer signature required.

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.

Sylvia Gilbert Regulatory Specialist II

> Thank-Ja! Sylvia!

Letter Number: 613A00014235

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FCR.CORPORATIONS

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida S ange is submitted for a corporation organized under the laws of the State of $^{F}$		
•	er to change its registered office or registered agent, or both, in the State of F		-
1. The name of	the corporation: Emerald Coast Home Care, Inc		
	office address: 3999 Commons Dr W, Suite P	<u> </u>	
Destin, I	FL 32541	·	······
3. The mailing	address (if different):		
4. Date of incor	poration/qualification: 2/27/2013 Document number: P1300	0018881	
	d street address of the current registered agent and registered office on file wirtment of State: (If resigned, enter resigned)	th the	
	Brian Mack		
	4123 Cobalt Cir, Suite P115		
	Panama City Beach, FL 32408		9
6. The name an (if changed):	d street address of the new registered agent (if changed) and /or registered off	ice JN 18	SECRET
	Brian Mack	8	FARY CC
	3999 Commons Dr W, Suite P	PH .	X 0 0
	P.O. Box NOT acceptable  Destin, FL 32541	12: 08	RAT
			SNO.
The street addr as changed will	ess of its registered office and the street address of the business office of its l be identical.	registered age	nt,
Such change wauthorized by t	as authorized by resolution duly adopted by its board of directors or by an che board, or the corporation has been notified in writing of the change.	officer so	
Brion	Brian A Mack, Preside		_
I hereby accept I further agree performance of agent. Or, if th	t the appointment as registered agent and agree to act in this capacity.  It to comply with the provisions of all statutes relative to the proper and comfound for a familiar with and accept the obligation of my position is document is being filed merely to reflect a change in the registered office that the corporation has been notified in writing of this change.	plete as registered	
	05/21/2013		_
	gnature of Registered Agent Date	-	
If signing on be	chalf of an entity:		
<u>1</u>	yped 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)