

PI3 000098268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

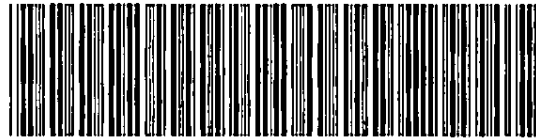
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: At Home Care Solutions, Inc.
Name of Corporation

DOCUMENT NUMBER: P13000098268

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:

David Wilson

Name of Contact Person

At Home Care Solutions, Inc.

Firm/Company

925 Trinidad Rd.

Address

Cocoa Beach, FL 32931

City/State and Zip Code

davidwilson@athomecares.com

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

For further information concerning this matter, please call:

David Wilson

Name of Contact Person

at (615)

347-0900

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

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

**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: At Home Care Solutions, Inc.
2. The principal office address: 7001 Grand National Dr., Suite 102, Orlando, FL 32819

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/10/13 Document number: P13000098268

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)

David Wilson

7061 Grand National Dr., Suite 131

Orlando, FL 32819

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

David Wilson

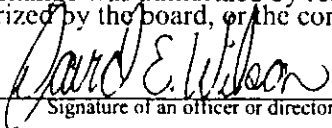
925 Trinidad Rd.

P.O. Box NOT acceptable

Cocoa Beach, FL 32931

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

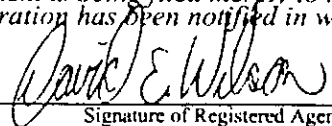
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

David E. Wilson

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

12/04/20

Date

If signing on behalf of an entity:

David E. Wilson

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
CR2E045 (04/13)