P14000057400

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JUL 27 2016 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Boricua PT Home Services Inc. Name of Corporation
DOCUMENT NUMBER: P14000057400
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:
SASHA N. Tarres Name of Contact Person
Rehab Concierge Services, LLC
Rehab Concience Services, LLC Firm/Company 1750 N. Bayshore Drive #2510 Address
MiAMI, FL 33132 City/State and Zip Code boricuapt @ yahoo. com
boricuapt@yahoo.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SASHA N. TONES at 305, 904-6527 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 Street Address: Amendment Section Division of Corporations Clifton Building

Tallahassee, FL 32314

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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Borian PT Home Services, Inc.
2. The principal office address: 1750 10. BAYShere Drive #2510 Mi Ami, FL 33132
3. The mailing address (if different): SAME AS PORCIPAL
4. Date of incorporation/qualification: 12 - 31 - 16 Document number: P1400057400
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) On Hell States (Occupant) Agents. Inc.
1330 Z Winding OAK Court A
1AmpA, Te 33612
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Jasha N. Torres
1750 N. Bayshore Drive #2500 I
Miami, FL 33132
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 director SAS HA TORRES, MANAGING Member 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.
7-13-16
Signature of Registered Agent If signing on behalf of an entity:
SASHA N. TORRES

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