## P15000095376

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PICK-UP WAIT MAIL				
(Business Entity Name)				
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Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: Care Hope Holdings, Inc.

Name of Corporation

DOCUMENT NUMBER: P15000025276

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:

Brent D. Klein, Esq.

Rame of Contact Person

Greenspoon Marder, P.A.

Firm/Company

3850 Bird Road, Suite 602

Address

Miami, FL 33146

brent.klein@gmlaw.com

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

City/State and Zip Code

For further information concerning this matter, please call:

Brent D. Klein, Esq.

305 (789-27

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

•	provisions of sections 607.0302, 617.0302, 607 inge is submitted for a corporation organized un	•	
	r to change its registered office or registered ag	• • • •	
1. The name of t	the corporation: Care Hope Holdings, In	1C.	
2. The principal	office address: 23123 State Road 7, St	uite 360	
Boca Rat	on, Florida 33428		
3. The mailing a Mirama	nddress (if different): 3010 Corporate Wa r, FL 33025	у	
		Oocument number: P15000	)025276
5. The name and	street address of the current registered agent an timent of State: (If resigned, enter resigned)	d registered office on file with	h the
	One Home Health Holdings, LLC		
	3850 Bird Road, Suite 602		
	Miami, FL 33146		
6. The name and (if changed):	street address of the new registered agent (if ch	anged) and /or registered office	ce
	Brent D. Klein		~21.5
	3850 Bird Road, Suite 602		20
	P.O. Box NOT acceptable	6	VON THE
	Miami, FL 33146		数字 V man
The street address changed will	ess of its registered office and the street address be identical.	of the business office of its	registered agent,
_	is authorized by resolution duly adopted by its le board, or the corporation has been notified in		45 TI 111
-	, , , , , , , , , , , , , , , , , , ,	non Falero, President	5
/	re of an ottice or director  the appointment as registered agent and agree to comply with the provisions of all statutes reli my duties, and I am familiar with and accept the is document is being filed merely to reflect a ch that the corporation has been notified in writin	Printed or typed name and title  to act in this capacity.  ative to the proper and comp  ne obligation of my position of  tange in the registered office  ng of this change.	lete 2s registered address, I
1	$\sim$	November 22,201	7
Sign	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Т;	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)