

P16 0000 14398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

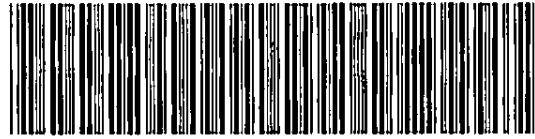
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Meghan Groom meghan.groom@cscglobal.com

Date: February 8, 2021

Order#: 639480/137

Re: COMPASSIONATE CARE HOSPICE GROUP, INC.

Enclosed please find:

Change of Registered Agent and Office.
 Check in the amount of \$335.00.

Please take the following action:

File in your office on a routine basis.
 Issue Proof of Filing.
 Return Regular Mail in the enclosed envelope.

Attn: Meghan Groom
c/o Corporation Service Company
251 Little Falls Drive
Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

- 1. The name of the corporation: COMPASSIONATE CARE HOSPICE GROUP, INC.
- 2. The principal office address: 3854 American Way Suite A Baton Rouge, LA 70816
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 09/21/2015 Document number: P16000014398
- 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)

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

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- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
- Corporation Service Company
1201 Hays Street
P.O. Box NOT acceptable
Tallahassee FL 32301

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.

Jill E. Cilmi
Signature of an officer or director

Jill Cilmi, Vice President
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.

Corporation Service Company
 By: Grace E. Kirby
Signature of Registered Agent

02/04/2021
Date

If signing on behalf of an entity:
Grace E. Kirby, Asst. Vice President
Typed or Printed Name

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