

P17000071892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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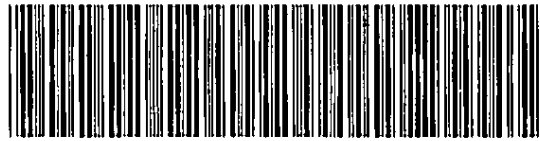
(Business Entity Name)

(Document Number)

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2017 OCT 23 AM 11:29

C. GOLDEN

OCT 24 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Kindness Home Health Aid Services Corp.
Name of Corporation

DOCUMENT NUMBER: P17000071892

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:

Martha R. Lopez
Name of Contact Person

Kindness Home Health Aid Services Corp.
Firm/Company

8090 W. 21st
Address

Hialeah, FL 33016
City/State and Zip Code

a007ladylbond@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Martha R. Lopez at (786) 337-0105
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

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

17 OCT 23 PM 3:51

RECEIVED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 28, 2017

MARTHA REBECA LOPEZ
8090 W. 21 COURT
HIALEAH, FL 33016

SUBJECT: KINDNESS HOME HEALTH AID SERVICES CORP.
Ref. Number: P17000071892

*Sending
Corrected
Document
10/11/17*

We have received your document 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):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The current name of the entity is as referenced above. Please correct your document accordingly.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 117A00019690

**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: Kindness Home Health Aid Services Corp
2. The principal office address: 8090 W. 21st
Hialeah, FL 33016
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 8/27/2017 Document number: P170000071892
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)

18255 N.W. 68th Avenue
#623
Hialeah, FL 33015

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

8090 W. 21st
Hialeah, FL 33016

P.O. Box NOT acceptable

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.

Martha R. Lopez
Signature of an officer or director

Martha R. Lopez (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.

Martha R. Lopez
Signature of Registered Agent

10/16/2017
Date

If signing on behalf of an entity:

Martha R. Lopez
Typed or Printed Name

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