

12/1/2020

Division of Corporations

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Florida Department of State

Division of Corporations

Electronic or Sheet

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

REGISTERED AGENT CHANGE
US HWY 19 CARE INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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Corporate Filing Menu

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: US Hwy 19 Care Inc

Name of Corporation

DOCUMENT NUMBER: P17000101584

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:

Yaffa Markowitz

Name of Contact Person

Vintage Health Care

Firm/Company

2811 Campus Hill Dr

Address

Tampa, FL 33612-9213

City/State and Zip Code

yaffa.markowitz@vintagehc.com

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

For further information concerning this matter, please call:

Yaffa Markowitz

Name of Contact Person

at (305) 788-9693

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

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: US Hwy 19 Care Inc
2. The principal office address: 400 RELLA BLVD, STE. 200
MONTEBELLO, NY 10901
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/28/2017 Document number: P17000101584

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)

VCORP SERVICES, LLC

5011 SOUTH STATE ROAD 7, STE. 106

DAVIE

FL 33314

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.

Michael Bleich
Signature of an officer or director

Michael Bleich, Principal

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

12/01/2020

By: Amanda Robinson
Signature of Registered Agent

Date

If signing on behalf of an entity:

Amanda Robinson

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 (03/12)

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FILED