

# PI9000019627

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

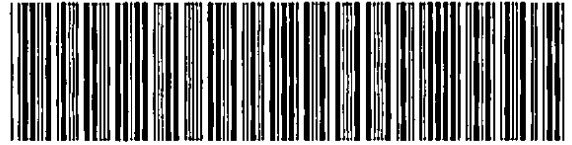
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(Document Number)

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2019 JUN 17 ...  
SECRETARY OF STATE  
TALLAHASSEE, FL

JUN 27 2019

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: AHHC OF ORLANDO MGT CO., INC.  
Name of Corporation

DOCUMENT NUMBER: P19000019627

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:

Andrea Rivera

Name of Contact Person

AHHC OF ORLANDO MGT CO., INC.

Firm/Company

5450 NW 33rd Ave. Ste. 106

Address

Fort Lauderdale, FL 33309

City/State and Zip Code

andrearivera@alternativehomehealth.com

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

For further information concerning this matter, please call:

Andrea Rivera

Name of Contact Person

at ( 954 ) 622-0589

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: AHHC OF ORLANDO MGT CO., INC.  
2. The principal office address: 5450 NW 33rd Ave. Ste. 106, Fort Lauderdale, FL 33309

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 02/28/2019 Document number: P19000019627

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)

CANN, A. GEORGE

6887 W COMMERCIAL BLVD. TAMARAC, FL 33319

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

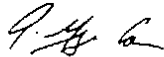
CANN, A. GEORGE

5450 NW 33rd Ave. Ste. 106, Fort Lauderdale, FL 33309

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.

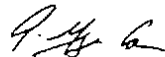


\_\_\_\_\_  
Signature of an officer or director

CANN, A. GEORGE / P,T

\_\_\_\_\_  
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.*



\_\_\_\_\_  
Signature of Registered Agent

06/11/2019

\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

**FILED**  
2019 JUN 17 PM 1:42  
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TALLAHASSEE, FL