

P19 000019680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

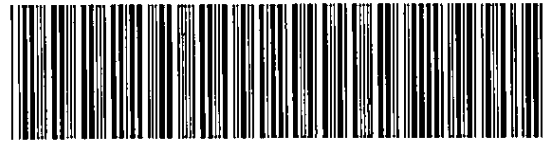
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VCAH OF ST LUCIE COUNTY MGT, INC.
Name of Corporation

DOCUMENT NUMBER: P19000019680

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

VCAH OF ST LUCIE COUNTY MGT, INC.

Firm/Company

5450 NW 33rd Ave. Ste. 106

Address

Fort Lauderdale, FL 33309

City/State and Zip Code

andrea.rivera@valuecareathome.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) 622-0600

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: VCAH OF ST LUCIE COUNTY MGT, 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: P19000019680

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):

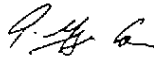
CANN, A. GEORGE

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.

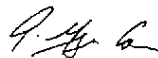


Signature of an officer or director

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 * * ***