

P200000031168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

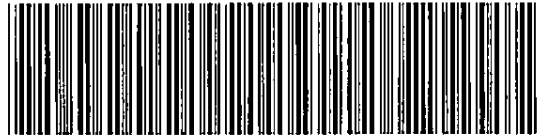
(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ZENITH Home CARE SOLUTIONS INC.
Name of Corporation

DOCUMENT NUMBER: P20000031168

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:

Charice Thomas / Fawn Miller
Name of Contact Person

Zenith Home Care Solutions Inc.
Firm/Company

2255 Glades Rd. Ste 324A
Address

Boca Raton, FL 33431
City/State and Zip Code

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

For further information concerning this matter, please call:

Fawn Miller / Charice Thomas at (561) 897-5464
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: Zenith home care solutions Inc.
2. The principal office address: 2255 Glades Rd, Ste 324A, Boca Raton
FL, 33431
3. The mailing address (if different): SAME ADDRESS
4. Date of incorporation/qualification: 04/21/2020 Document number: P20000031168
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)

Javier Amaro (resigned)
2255 Glades Rd, Ste 324A
Boca Raton, FL, 33431

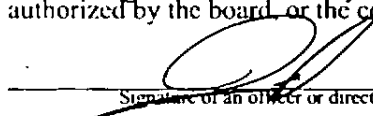
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Cherice Thomas
2255 Glades Rd, Ste 324A
Boca Raton, FL, 33431

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.

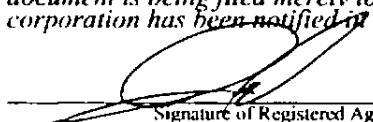


Signature of an officer or director

JAVIER AMARO

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

2/9/2023

Date

If signing on behalf of an entity:

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 (04/13)

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SECRETARY OF
TALLAHASSEE
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