

P21 000005418

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A. BUTLER  
AUG 18 2022

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** AMG Healthcare Home Healthcare Services, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P21000005418

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:

Barry Hill

Name of Contact Person

AMG Home Healthcare Services, Inc.

Firm/Company

1200 NW 17th Avenue Suite 6

Address

Delray Beach, FL 33445

City/State and Zip Code

barry.hill@amghhe.com

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

For further information concerning this matter, please call:

Barry Hill

Name of Contact Person

at ( 561 )

563-8692

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: AMG Home Healthcare Services, Inc.
2. The principal office address: 1200 NW 17th Avenue Suite 6 Delray Beach, FL 33445
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 01/09/2021 Document number: P21000005418
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)

Barry Hill

1200 NW 17th Avenue Suite 13

Delray Beach, FL 33445

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

1200 NW 17th Avenue

Suite 6

P.O. Box NOT acceptable

Delray Beach, FL 33445

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.

Barry Hill  
Signature of an officer or director

Barry Hill, 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.

Barry Hill  
Signature of Registered Agent

06/02/2022

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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2022 JUN -7 PM 5:45  
DEPT. OF STATE  
TALLAHASSEE, FL