P30016

(Requestor's Name)			
(Address)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Dualitesa Littly Harite)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
<u> </u>			

Office Use Only



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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Courtney Cullen

Date: January 9, 2014

Order#: 948898-005

Re: VITAL CARE, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Courtney Cullen c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of c	hange is submitted for a corpo	502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ration organized under the laws of the State of Alabama fice or registered agent, or both, in the State of Florida.	_
	f the corporation: V-C MEDIC		
2. The principa	al office address: 110 Lafayette	e Street, Livington AL 35470	
3. The mailing	g address (if different): Post Of	ffice Box 1249, 110 Lafayette Street, Livington AL 35470	
4. Date of inco	orporation/qualification: 08/20	Document number: P30616	
5. The name a		t registered agent and registered office on file with the	
	CT Corporation System		
	1200 S. Pine Island Road	•	
	Plantation	FL 33324	14 JEN 13
6. The name a (if changed)		gistered agent (if changed) and /or registered office	113 194
	Corporation Service Comp	any	
	1201 Hays Street		(E)
		P.O. Box NOT acceptable	
	Tailahassee	FL 32301	
The street add as changed wi	tress of its registered office ar ill be identical.	nd the street address of the business office of its registered agr	ent,
Such change vauthorized by	was authorized by resolution of the board, or the corporation	duly adopted by its board of directors or by an officer so has been notified in writing of the change.	
Sign	Milite of an officer or director	John H. Bell, Jr. President	_
I hereby accel further agree performance agent. Or, if hereby confirmation Corporat	pt the appointment as register e to comply with the provision of my duties, and I am familia his document is being filed m m that the corporation has be ion Service Company	red agent and agree to act in this capacity. ns of all statutes relative to the proper and complete or with and accept the obligation of my position as registered herely to reflect a change in the registered office address, I ben notified in writing of this change.	
By: On	pue Hudson	01/09/2014	_
	Signature of Registered Agent	Date	
If signing on l	behalf of an entity:		
April Hudson,	·		
	Typed or Printed Name		

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
CR2E045 (03/12)

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