

P40669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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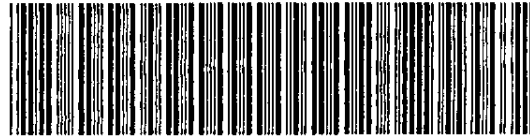
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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*R-A. Charge*  
C.COULLIETTE

MAY 11 2011

EXAMINER

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: UTOPIA HOME CARE INC  
Name of Corporation

DOCUMENT NUMBER: P 40669

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:

ROBERT C. FRITZ VICE PRESIDENT  
Name of Contact Person

UTOPIA HOME CARE INC  
Firm/Company

215 SECOND AVE. NORTH  
Address

ST. PETERSBURG FL 33701  
City/State and Zip Code

BFRITZ @ UTOPIAHOMECARE.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT C FRITZ at ( 727 ) 921-3332  
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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

SANDRA -

PLEASE MAKE ✓ \$ 35  
TO HIGHTWOOD NAME

THEN MAIL THIS WHOLE  
PACKET OUT . . . .

I HAVE MADE COPIES  
FOR MY FILE ALREADY.

THANKS

BOB \_\_\_\_\_

**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: UTOPIA HOME CARE INC  
2. The principal office address: 215 SECOND AVE NORTH  
ST. PETERSBURG FL 33701  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 1992 Document number: 940669

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)

ROBERT T SHEAR  
2650 MCCORMICK PARK SR B2  
CLEARWATER FL 33759

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

ROBERT C FRITZ VICE PRESIDENT  
UTOPIA HOME CARE INC  
215 SECOND AVE. NORTH. ST. PETERSBURG FL 33701

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]  
Signature of an officer or director

ROBERT C FRITZ  
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]  
Signature of Registered Agent

MAY 18, 2011  
Date

If signing on behalf of an entity:

ROBERT C FRITZ  
Typed or Printed Name

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

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