

P40669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

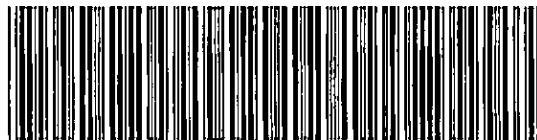
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100319456361

10/16/18--01020--020 **35.00

FILED

2018 OCT 15 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FL

C. GOLDEN

OCT 22 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Utopia Home Care, Inc.

Name of Corporation

DOCUMENT NUMBER: P40669

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:

Brett Rager

Name of Contact Person

Etairos Health Inc

Firm/Company

13787 S Belcher Rd, Suite 220

Address

Largo, FL 33771

City/State and Zip Code

brett@harmonyhh.com

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

For further information concerning this matter, please call:

Brett Rager

Name of Contact Person

at (727) 723-7532

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 NY 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): 60 East Main Street
Kings Park, NY 11754
4. Date of incorporation/qualification: 09/17/1992 Document number: P40669
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)

David Martinez
215 Second Ave North
St. Petersburg, FL 33701

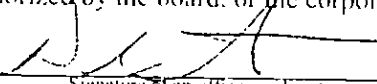
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Jeff Freedman
13787 S Belcher Rd, Suite 220
Largo, FL 33771

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

David Martinez, CEO

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

10-3-18
Date

If signing on behalf of an entity:

Jeff Freedman

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 (03/12)

FILED
2018 OCT 15 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FL