

P93 0000314ZZ

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Interim HHA of St. Augustine, Inc
Name of Corporation

DOCUMENT NUMBER: P93000031422

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:

Glenn Reeves
Name of Contact Person
Interim HHA of St. Augustine, Inc
Firm/Company
6950 Phillips Highway, Suite 3
Address
Jacksonville, FL 32216
City/State and Zip Code
GReeves@InterimHealthcare.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Glenn Reeves at (904) 704 2407
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 14, 2020

GLENN REEVES
6950 PHILIPS HIGHWAY
STE. 3
JACKSONVILLE, FL 32216

SUBJECT: INTERIM HHA OF ST. AUGUSTINE, INC.
Ref. Number: P93000031422

We have received your document for INTERIM HHA OF ST. AUGUSTINE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 820A00022858

**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: Interim HHA of St. Augustine, Inc
2. The principal office address: 3446 US 1 South, Bldg 400 Ste 404
St Augustine, FL 32082
3. The mailing address (if different): 6950 Philips Highway, Suite 3 Jacksonville, FL 32256
4. Date of incorporation/qualification: 4/28/1953 Document number: P93000031422 ^{FL 322}
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)

Glenn R Reeves
7959 Philips Highway Suite 304
Jacksonville, FL 32256


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

Glenn R Reeves
6950 ~~Philips~~ Philips Highway Suite 3
Jacksonville, FL 32216

P.O. Box NOT acceptable

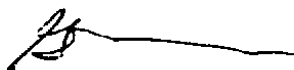
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Glenn Reeves, 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.


Signature of Registered Agent

11/25/2020
Date

If signing on behalf of an entity:

Glenn Reeves
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)