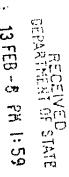
## P9500009397

(Re	equestor's Name)				
(Address)					
(Ad	dress)	<del></del>			
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				

Office Use Only



800244452178



RA Change

2-11-13





UN SERVICE CUMPANT						
	ACCOUNT NO.	:	12000000	0195		
	REFERENCE	:	526301	4352697		
	AUTHORIZATION	:	(DX	20		
	COST LIMIT	:	\$ 35.00	denan		
ORDER DATE :	February 8, 2013					
ORDER TIME :	12:39 PM					
ORDER NO. :	526301-010					
CUSTOMER NO:	4352697					
				·		
CHANGE OF AGENT						
NAME:	SUNSET HARBOR INC.	НОМ	Æ HEALTH,			
PLEASE RETURN	THE FOLLOWING AS	PRO	OOF OF FIL	LING:		
CERTIF PLAIN						
CONTACT PERSON	: Carina L. Dunl	Lap	EXT# 5	2951		
			EXAMINER:			

## **COVER LETTER**

Division of Corporation	18				
SUBJECT: Sunset Harbor	Home Health, Inc.				
	Name of Corpo	oration			
DOCUMENT NUMBER:	P95000009397		· ·		
The enclosed Statement of Char	nge of Registered Office/A	gent and fee ar	e submitted for filing.		
Please return all correspondence	e concerning this matter to	the following:			
Jill Jackso	n				
	Name of Contac	t Person	100. PH Fu.P.		
Humana	Inc.				
<del></del>	Firm/Compa	any			
500 W. M	ain Street, 21st Floo	r			
	Address				
Louisvill	e, KY 40202				
	City/State and Z	ip Code			
jjackson3	1@humana.com				
E-mail address: (to be used for future annual report notification)					
For further information concern	ing this matter, please call:				
Jill Jackson		.,502	476-9752		
Name of Contac	t Person	Area Code	476-9752 & Daytime Telephone Number		
Enclosed is a \$35.00 check made	le payable to the Departmer	nt of State.			
Divisio P.O. B	g Address: Iment Section on of Corporations ox 6327 assee, FL 32314	Divisio Clifton 2661 Ex	address: ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301		

CR2E045 (03/12)

## 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 Statut statement of change is submitted for a corporation organized under the laws of the State of Florid	
in order to change its registered office or registered agent, or both, in the State of Floria	la.
The name of the corporation:  Sunset Harbor Home Health, Inc.	
2. The principal office address: 777 Yamato Road, Suite 510  Boca Raton, Florida 33431	
3. The mailing address (if different): 500 W. Main Street, 21st Floor, Law Departr	ment,
Louisville, Kentucky 40202	
4. Date of incorporation/qualification: 02/03/1995 Document number: P9500000	9397
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)	<del>2</del>
Corporate Creations Networks, Inc.	· 想
11380 Prosperity Farms Road, #221E	3 10
Palm Beach Gardens, FL 33410	- CO
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
Corporation Service Company	4 2 2 m
1201 Hays Street	The state of the s
P.O. Box NOT acceptable Tallahassee, FL 32301	
The street address of its registered office and the street address of the business office of its regi as changed will be identical.	stered agent,
Such change was authorized by resolution duly adopted by its board of directors or by an office authorized by the board, or the corporation has been notified in writing of the change.	er so
Joan O. Lenahan, Vice President & Corporate	e Secretary
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 reagent. Or, if this document is being filed merely to reflect a change in the registered office add hereby confirm that the corporation has been notified in writing of this change.	gistered ress, I
Il Circle 2-8-13	
Signature of Registered Agent Date	_
If signing on behalf of an entity:	
Sheryl A. Gibbs, Asst Vice President	

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARIMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

Typed or Printed Name