

P95000064550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

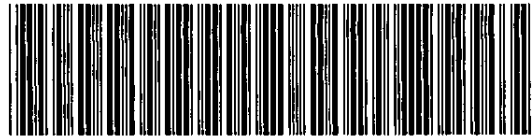
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800241513028

11/09/12--01026--005 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 NOV 26 AM 9:56

RO/ch8
10 11/27/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Rosel Home Equipment Care, Inc.
Name of Corporation

DOCUMENT NUMBER: P95000064556

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:

Marte Garcia
Name of Contact Person

Rosel Home Equipment Care, Inc.
Firm/Company

6900 NW 72nd Avenue
Address

Miami, FL 33166
City/State and Zip Code

ayme@roselmedical.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aymee De Leon at (305) 883-5033
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 9, 2012

MAITE GARCIA
ROSEL HOME EQUIPMENT CARE INC
6900 NW 72ND AVENUE
MIAMI, FL 33166

SUBJECT: ROSEL HOME EQUIPMENT CARE INC.
Ref. Number: P95000064556

We have received your document for ROSEL HOME EQUIPMENT CARE 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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: 612A00027298

RECEIVED
12 NOV 26 AM 10:13
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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: Rose/ Home Equipment Care, Inc.
2. The principal office address: 6900 NW 72nd Avenue
Miami, FL 33166
3. The mailing address (if different): 6900 NW 72nd Avenue
Miami, FL 33166
4. Date of incorporation/qualification: _____ Document number: P95000064556
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)

Maite Garcia,
5001 NW 72nd Avenue
Miami, FL 33166

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

Maite Garcia,
6900 NW 72nd Avenue
Miami, FL 33166

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

Aimee DeLeon
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

11/5/12
Date

If signing on behalf of an entity:

Maite Garcia
Typed or Printed Name

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 NOV 26 AM 9:56