

P950000064556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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**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:

MAITE GARCIA

Name of Contact Person

ROSEL HOME EQUIPMENT CARE, INC.

Firm/Company

6830 NW 77 COURT

Address

MIAMI, FL 33166

City/State and Zip Code

AYMEE@ROSELMEDICAL.COM

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

For further information concerning this matter, please call:

AYMEE DE LEON

Name of Contact Person

at ( 305 ) 883-5033

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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ROSEL HOME EQUIPMENT CARE, INC.
2. The principal office address: 6830 NW 77 COURT  
MIAMI, FL 33166
3. The mailing address (if different): 6830 NW 77 COURT  
MIAMI, FL 33166
4. Date of incorporation/qualification: 08/18/1995 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  
6900 NW 72 AVENUE  
MIAMI, FL 33166

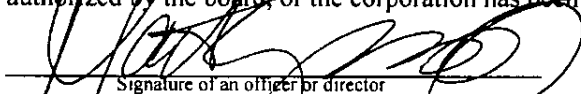
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

MAITE GARCIA  
6830 NW 77 COURT  
MIAMI, FL 33166

P.O. Box NOT acceptable

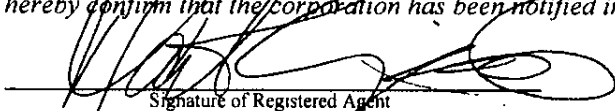
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 of an officer or director

MAITE GARCIA, 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

12-12-16  
Date

If signing on behalf of an entity:

MAITE GARCIA  
Typed or Printed Name

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