

P98000654275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

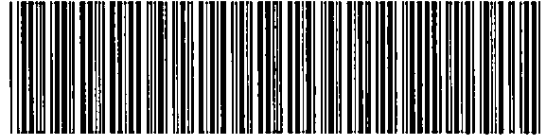
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2018 JUN 11 A 11:46

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JUN 12 2018

T. LEMMON

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Home Care Investors, Inc.  
Name of Corporation

DOCUMENT NUMBER: P98000054275

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:

Samantha Gur  
Name of Contact Person  
Home Care Investors, Inc.  
Firm/Company  
7310 West McNab Rd. #105  
Address  
Tamarac, FL 33321  
City/State and Zip Code  
Samantha@JTHC.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samantha Gur at ( 954 ) 821-4422  
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

**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: Home Care Investors, Inc.  
2. The principal office address: 7310 West McNab Road, #105, Tamarac, FL 33321

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 1998 Document number: P98000054275

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)

Samantha Gur

5701 North Pine Island Rd. #301

Tamarac, FL 33321

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

Samantha Gur

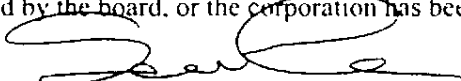
7310 West McNab Rd. #105

P.O. Box NOT acceptable

Tamarac, FL 33321

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 or director authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

Samantha Gur Administrator/Director

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

6/1/2018  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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