

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6380

From:  
Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (512)418-6949  
Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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2017 OCT 11 PM 14:36

**REGISTERED AGENT CHANGE  
ALLEGANY FRANCISCAN MINISTRIES, INC.**

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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DIVISION OF CORPORATIONS  
TALLAHASSEE FLORIDA

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OCT 12 2017  
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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: ALLEGANYFRANCISCANMINISTRIES, INC.

2. The principal office address: 33920 US HWY 19 N # 269 PALM HARBOR, FL 34684

3. The mailing address (if different): 33920 US HWY 19 N # 269 PALM HARBOR, FL 34684

4. Date of incorporation/qualification: 10/11/1982 Document number: 765372

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)

COOGAN, EILEENS
33920 US HWY 19 N #269
PALMHARBOR, FL 34684

Stamp: PAID OCT 11 PM 4:16

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

CTCorporationSystem
1200SouthPineIslandRoad
P.O. Box NOT acceptable
Plantation, Florida, 33324

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: P Belanger

Tricia Belanger, Vice 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.

By: Michele Holden
Signature of Registered Agent

10/05/2017
Date

If signing on behalf of an entity:

Michele Holden, Asst Sect
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

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