

F13000001827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

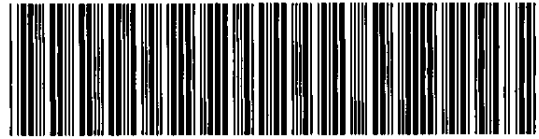
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000271353830

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
15 APR 10 AM 11:07
NOT PREPARED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 APR 10 AM 10:45

APR 13 2015
T. CARTER

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 509476 7209367

AUTHORIZATION :

COST LIMIT : \$ 35.00



ORDER DATE : February 19, 2015

ORDER TIME : 9:56 AM

ORDER NO. : 509476-005

CUSTOMER NO: 7209367

CHANGE OF AGENT

NAME: SOVEREIGN HEALTH OF FLORIDA,
INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS: _____

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

1. The name of the corporation: SOVEREIGN HEALTH OF FLORIDA, INC.
2. The principal office address: 254 Chapman Road, Topkis Building, Suite 100, Newark, DE 19702
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 04/26/2013 Document number: F13000001827
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)

NORTHWEST REGISTERED AGENT, LLC
3030 N. ROCKY POINT DR., STE. 105A
TAMPA FL 33607

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

Corporation Service Company
1201 Hays Street
Tallahassee FL 32301
P.O. Box NOT acceptable

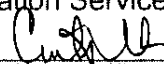
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 APR 10 AM 10:45

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.

 Rishi Barkataki President
Signature of an officer or 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.

Corporation Service Company
By:  04.10.15
Signature of Registered Agent Date

If signing on behalf of an entity:
Courtney Williams
Asst. Vice President

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