

F13000004101

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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

Email Address: _____

FILED
2014 APR 23 AM 11:42
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

14 APR -8 PM 4:50

REGISTRATION OF ALL
BUSINESS ENTITIES
BY 12:00 PM APRIL 15, 2014

REGISTERED AGENT CHANGE PASSPORT HEALTH COMMUNICATIONS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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DR
4/24/14
4/23/2014

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PASSPORT HEALTH COMMUNICATIONS, INC.
Name of Corporation

DOCUMENT NUMBER: F13000004101

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:

Name of Contact Person

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Contact Person at (_____) _____
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 DELAWARE in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: PASSPORT HEALTH COMMUNICATIONS, INC.
2. The principal office address: 475 Anton Blvd., Costa Mesa, CA 92626
3. The mailing address (if different):
4. Date of incorporation/qualification: 09/24/2013 Document number: F13000004101

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)

CORPORATION SERVICE COMPANY
1201 HAYS STREET TALLAHASSEE, FL 32301-2525

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

C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
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: Carol Mass, Asst. Treasurer

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.

By: C T Corporation System Signature of Registered Agent Date: 4/23/2014

If signing on behalf of an entity: 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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