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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: Community Health Charities, Inc.

Name of Corporation

F15000001720

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:

Kathryn Pickett

Name of Contact Person

Labyrinth, Inc.

Firm/Company

1808 Aston Ave., Suite 230

Address

Carlsbad, CA 92008

City/State and Zip Code

kathy@labyrinthinc.com

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

For further information concerning this matter, please call:

Kathryn Pickett
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 District of Colu in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: Community Health Charities, Inc.
2. The principal	office address: 1199 North Fairfax Street, Suite 600, Alexandria, VA 22314
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 04/23/2015 Document number: F15000001720
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	CORPORATION SERVICE COMPANY
	1201 Hays Street
	Tallahassee, FL 32301-2525
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	InCorp Services, Inc.
	17888 67th Court North
	P.O. Box NOT acceptable  Loxahatchee, FL 33470
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
_	is authorized by resolution duly adopted by its board of directors or by an officer so le board, of the corporation has been notified in writing of the change.
Signate	of an officer or director KATHRY STICKOTT Attorney in Fact
I further agree i performance of agent. Or, if thi	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
Lack	August 16, 2016
	half of an entity:
$\bigcup_{i=1}^{n}$	half of an entity:
	ilippis on behalf of Incorp Services, Inc.  Aped or Printed Name

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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



3773 Howard Hughes Parkway. Suite 500S Las Vegas, NV 89169

Phone 702.866.2500 Toll-Free 800.2.INCORP (1-800-246-2677) Fax 702.866.2689

www.incorp.com

August 10, 2016

**Corporations Division** 

Florida Department of State Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

To Whom It May Concern:

Incorp Services, Inc., an authorized Corporate Registered Agent in Florida, whose office is located at 17888 67<sup>th</sup> Court North, Loxahatchee, FL 33470, herein consents to act as Registered Agent for **Community Health Charities, Inc.** for purposes and services only related to the Florida Department of State.

If you have any questions, please contact me at (800) 246-2677 from 8:00 a.m. to 5:00 p.m. PST.

Sincerely,

INCORP SERVICES, INC.

Jackie DeFilippis, Processor on behalf of Incorp Services, Inc.