

N11 000009162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

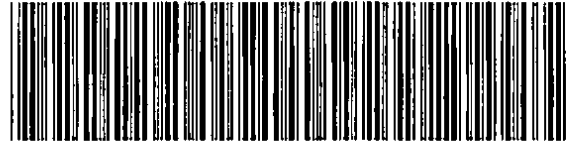
(Business Entity Name)

(Document Number)

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STATE
TALLAHASSEE, FLORIDA

AUG 22 2019

S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MIAMI CHILDREN'S HEALTH SYSTEM, INC.
Name of Corporation

DOCUMENT NUMBER: N11000009162

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:

JODI LAURENCE

Name of Contact Person

MIAMI CHILDREN'S HEALTH SYSTEM, INC.

Firm/Company

3100 SW 62 Avenue

Address

Miami, FL 33155

City/State and Zip Code

corporate.governance@nicklaushealth.org

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

For further information concerning this matter, please call:

Josee Chin

Name of Contact Person

at (786) 624-5585

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: MIAMI CHILDREN'S HEALTH SYSTEM, INC.
2. The principal office address: 3100 SW 62 Avenue Miami, FL 33155

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 09/28/2011 Document number: N11000009162

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)

APRIL ANDREWS-SINGH
3100 SW 62ND AVE
MIAMI, FL 33155

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STATE DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

MIAMI CHILDREN'S HEALTH SYSTEM, INC. C/O LEGAL DEPT
3100 SW 62 AVENUE
P.O. Box NOT acceptable
MIAMI, FL 33155

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.

Jodi Laurence
Signature of an officer or director

JODI LAURENCE, ESQ.
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.

Jodi Laurence
Signature of Registered Agent

8/13/19
Date

If signing on behalf of an entity:

MIAMI CHILDREN'S HEALTH SYSTEM, INC.
Typed or Printed Name

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