

M15 000000674

Florida Department of State
Division of Corporations
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CORPORATION DIVISION

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

Email Address: harvey.granger@bmcjax

REGISTERED AGENT CHANGE
COASTAL COMMUNITY HEALTH, INC.

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

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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: Coastal Community Health, Inc.
- 2. The principal office address: 841 Prudential Drive, Suite 1450
Jacksonville, FL 32207
- 3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/23/2013 Document number: N15000000674

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)

Harvey Granger
841 Prudential Drive, Suite 1601
Jacksonville, FL 32207

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

Carlton A. DeVooght
841 Prudential Drive, Suite 1450
P.O Box NOT acceptable
Jacksonville, FL 32207

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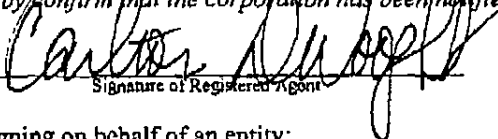
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Harvey Granger, Secretary
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.


Signature of Registered Agent

August 31, 2015
Date

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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