

P15000094226

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JUL 18 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SOLIS HEALTH PLANS, INC.
Name of Corporation

DOCUMENT NUMBER: P15000094226

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:

Mark Chander
Name of Contact Person

Meenan P.A.
Firm/Company

P.O. Box 11247
Address

Tallahassee, FL 32302
City/State and Zip Code

mark@meenanlawfirm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Chandler at (850) 425-4000
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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FL
MAY 17 2011

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: SOLIS HEALTH PLANS, INC.
2. The principal office address: 325 W COLLEGE AVE TALLAHASSEE, FL 32301
3. The mailing address (if different): PO BOX 11247 TALLAHASSEE, FL 32302-1247
4. Date of incorporation/qualification: 11/23/2015 Document number: P15000094226

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)

MEENAN, TIMOTHY J
325 W COLLEGE AVE
TALLAHASSEE, FL 32301

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

Timothy J. Meenan
300 S. Duval Street, Ste. 410
Tallahassee, FL 32301

FILED
STATE DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
JUL 17 2017

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 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 Date 7/17/17

If signing on behalf of an entity:

Typed or Printed Name

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