

P 16000078762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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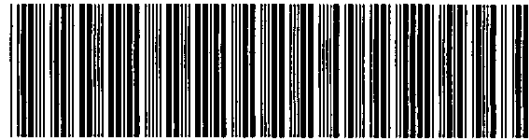
(Business Entity Name)

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SCOTT COUNTY OF FLORIDA
TALLAHASSEE, FLORIDA

C. GOLDEN

JUN 19 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: White Lotus Health, Inc.

Name of Corporation

DOCUMENT NUMBER: P16000078762

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:

JOHN C. ASCH

Name of Contact Person

WHITE LOTUS HEALTH, INC.

Firm/Company

8544 DALE MABRY HWY

Address

TAMPA, FL 33614

City/State and Zip Code

johnasch@hotmail.com

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

For further information concerning this matter, please call:

JOHN C. ASCH

Name of Contact Person

at (**727**) **420-2420**

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED

2017 JUN 15 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, **COLETTE L. BAKER**, hereby resign as **Director of Registered Agent**
(Title)

of **WHITE LOTUS HEALTH, INC.**
(Name of Corporation)

P16000078762, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314