

705162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

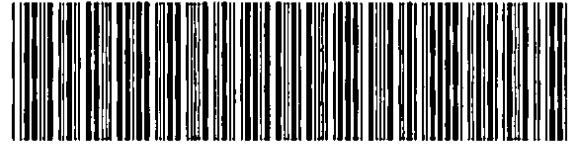
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 22 2019

S. YOUNG

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: **VARIETY CHILDREN'S HOSPITAL**

Name of Corporation

DOCUMENT NUMBER: **705162**

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: VARIETY CHILDREN'S HOSPITAL
2. The principal office address: 3100 SW 62 Avenue Miami, FL 33155
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 02/04/1963 Document number: 705162
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

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.

  
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.*

  
Signature of Registered Agent

8/13/14  
Date

If signing on behalf of an entity:

MIAMI CHILDREN'S HEALTH SYSTEM, INC.

Typed or Printed Name

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

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19 AUG 14 AM 8:16  
STATE OF FLORIDA  
TALLAHASSEE