

737111
Florida Department of State
Division of Corporations
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To:

Division of Corporations
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From:

Account Name : J. PATRICK FITZGERALD & ASSOCIATES, P.A.
Account Number : I20090000011
Phone : (305)443-9162
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REGISTERED AGENT CHANGE
ADOM HEALTH FOUNDATION, INC.

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December 1, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ADOM HEALTH FOUNDATION, INC.
3661 SOUTH MIAMI AVENUE
SUITE 103
MIAMI, FL 33133

SUBJECT: ADOM HEALTH FOUNDATION, INC.
REF: 737111

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Valerie Herring
Regulatory Specialist III

FAX Aud. #: B21000436344
Letter Number: 221A00028819

P.O BOX 6327 - Tallahassee, Florida 32314

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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: ADOM HEALTH FOUNDATION, INC.
2. The principal office address: 730 N.W. 34 STREET, MIAMI, FL 33133

3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10-19-1976 Document number: 737111
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)

FISHMAN, LEWIS

7700 NORTH KENDALL DRIVE, SUITE 408

MIAMI, FL 33156

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

J. PATRICK FITZGERALD, ESQ.

J. PATRICK FITZGERALD & ASSOCIATES, P.A.

P.O. Box NOT acceptable

110 MERRICK WAY, SUITE 3-B, CORAL GABLES, FL 33134

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

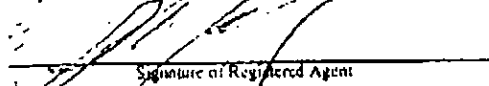
Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

SISTER ELIZABETH ANN WORLEY, 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

1.1.16/21
Date

If signing on behalf of an entity:

Typed or Printed Name

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TALLAHASSEE, FLORIDA