

737111  
 Florida Department of State  
 Division of Corporations  
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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. #: E21000436344  
Letter Number: 221A00028819

P.O BOX 6327 - Tallahassee, Florida 32314

((H21000436344 3))

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

Date: 1/16/21

If signing on behalf of an entity:

Typed or Printed Name

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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