

769011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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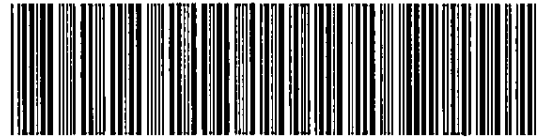
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: ASPIRE HEALTH PARTNERS, INC.

Name of Corporation

DOCUMENT NUMBER: 769011

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:

Pamela M. Robb

Name of Contact Person

Pamela Milton Robb, P.A.

Firm/Company

214 North Third Street, Suite B

Address

Leesburg, FL 34748

City/State and Zip Code

pmrobb@pmrobblaw.com

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

For further information concerning this matter, please call:

Pamela M. Robb

Name of Contact Person

at ( 352 ) 360-0079

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: Aspire Health Partners, Incl.
2. The principal office address: 5151 Adanson Street, Orlando, FL 32804
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 6/20/1983 Document number: 769011
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)

Pamela M. Robb

1311 Winter Garden-Vineland Road

Winter Garden, FL 34787

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

Pamela M. Robb

214 North Third Street, Suite B

P.O. Box NOT acceptable

Leesburg, FL 34748

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

Pamela M. Robb

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity, 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

12/8/17  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

MAIL TO: MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (03/12)