

FOOOOOOOO786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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DIVISION OF CORP. REGISTRATION

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CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 725701 7745122

AUTHORIZATION :

COST LIMIT : \$35.00

ORDER DATE : July 28, 2015

ORDER TIME : 4:07 PM

ORDER NO. : 725701-005

CUSTOMER NO: 7745122

CHANGE OF AGENT

NAME: PYRAMID HEALTHCARE SOLUTIONS,
INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PYRAMID HEALTHCARE SOLUTIONS, INC.

Name of Corporation

DOCUMENT NUMBER: F00000000786

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:

Julie E. Sherman

Name of Contact Person

Anthelio Healthcare Solutions Inc.

Firm/Company

5400 LBJ Freeway, One Lincoln Centre, Suite 200

Address

Dallas, Texas 75240

City/State and Zip Code

julie.sherman@antheliohealth.com

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

For further information concerning this matter, please call:

Julie E. Sherman

Name of Contact Person

at (214) 257-7120
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 CO _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Pyramid Healthcare Solutions, Inc.
2. The principal office address: 14141 46th Street North
Clearwater, FL 33762
3. The mailing address (if different): P.O. Box 17389
Clearwater, FL 33762
4. Date of incorporation/qualification: 2/7/00 Document number: F00000000786
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)

Resigned

Kevin Stalbird

14141 46th Street North, Suite 1212, Clearwater FL 33762

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

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee

FL 32301

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.

E. Lane Cates
Signature of an officer or director

E. Lane Cates, VP and Secretary

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.

Corporation Service Company

By: [Signature]
Signature of Registered Agent

07.29.15
Date

If signing on behalf of an entity:

Courtney Williams

Asst. Vice President

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

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15 JUL 29 AM 7:12