

F03000000 321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

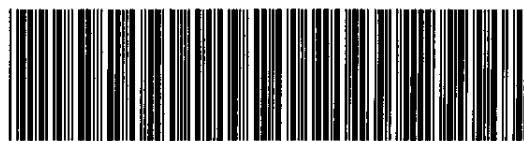
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800254909728

12/30/13--01026--009 **140.00

FILED
13 DEC 30 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FL 32310

Ra change

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Consumer Health Choice Association

Name of Corporation

DOCUMENT NUMBER: F03000000321

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:

A. Robert DelGiacco

Name of Contact Person

Consumer Health Choice Association

Firm/Company

8491 W. Commercial Blvd.

Address

Tamarac Florida 33351

City/State and Zip Code

rob.delgiacco@consumerhealthchoice.org

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

For further information concerning this matter, please call:

A. Robert DelGiacco

Name of Contact Person

at (954) 975-8860

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

FILED
13 DEC 30 PM 2:42
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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 Missouri in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Consumer Health Choice Association
2. The principal office address: 8491 W. Commercial Blvd.
Tamarac, Florida 33351
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1/21/2003 Document number: F03000000321
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)

Daniel Disgdiertt

8491 W. Commercial Blvd.

Tamarac Florida 33351

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

A. Robert DelGiacco


8491 W. Commercial Blvd.

P.O. Box NOT acceptable

Tamarac Florida 33351

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

A. Robert DelGiacco - 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

12/23/13

Date

If signing on behalf of an entity:

Typed or Printed Name

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

FILED
1 DEC 30 PM 2:42
TALLAHASSEE
FLORIDA
SECRETARY OF STATE