F050000 6743

(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:					





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07/11/19- 111.3- 111 ------

2019 JUL 1 1 AM 10: 16

C. GOLDEI1



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Anthony Arthur anthony.arthur@cscglobal.com

Date: July 9, 2019

Order#: 827339-026

Re: GUARDIAN HEALTHCARE PROVIDERS, INC.

Enclosed please find:

Please take the following action:

XX File in your office on a routine basis.

XX ___ Issue Proof of Filing.

<u>XX</u> Please return evidence to the following:

Attn: Anthony Arthur c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	inge is submitted for a corpora	2, 617.0502, 607.1508, or 617.1508, Florida tion organized under the laws of the State of e or registered agent, or both, in the State of	TN		_
		EALTHCARE PROVIDERS, INC.			
2. The principal		deret in the state of the state			
3. The mailing a	address (if different):				
4. Date of incor	poration/qualification: 11/17/2	Document number: F05000	0006743		
	d street address of the current re rtment of State: (If resigned, en	egistered agent and registered office on file v ter resigned)	vith the		
	C T CORPORATION SYSTE	М			
	C/O C T CORPORATION SYSTEM				
	PLANTATION	FL 33324	_	2019 JUL	·
6. The name and (if changed):	d street address of the new regis Corporation Service Compan	stered agent (if changed) and /or registered o	ffice $ \overset{\circ}{\sim} $. II AM IO:	
	1201 Hays Street		-/	9 :	_
	р	O Box NOT acceptable	=		
	Tallahassee	FL 32301	_		
The street addreas changed will	ess of its registered office and be identical.	the street address of the business office of i	ts registe	red age	:nt,
Such change wa authorized by th	as authorized by resolution dul ne board, or the corporation ha	ly adopted by its board of directors or by an is been notified in writing of the change.	officer s	a)	
		Jill Cilmi, Authorized Person			
I hereby accept I further agree performance of agent. Or, if th hereby confirm	to comply with the provisions of my duties, and I am familiar w is document is being filed mer	Printed or typed name and to l agent and agree to act in this capacity, of all statutes relative to the proper and cor with and accept the obligation of my positio ely to reflect a change in the registered offi- notified in writing of this change.	mplete n as regi	stered ss, I	-
By: Dro	ico C. Kuble	07/09/2019			
	nature of Registered Agent \ half of an entity:	Date			
Grace E. Kirby,	Assistant Vice President				
T	yped or Printed Name				

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