

10/19/2017

Division of Corporations

**FD60000928**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : REGISTERED AGENTS INC.  
Account Number : 1200900000081  
Phone : (307)200-2803  
Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**REGISTERED AGENT CHANGE  
GREAT HEALTHWORKS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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S. YOUNG

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Page

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

1. The name of the corporation: GREAT HEALTHWORKS, INC.
2. The principal office address: 4150 SW 28TH WAY  
Fort Lauderdale, FL 33312
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 02/15/2006 Document number: F06000000928
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)

Carcaise, Vickie

4150 SW 28TH WAY

Fort Lauderdale, FL 33312

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

Northwest Registered Agent, LLC.

3030 N. Rocky Point Dr. STE 150A

P.O. Box NOT acceptable

Tampa FL 33607

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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.

Miles E Dupree  
Signature of an officer or director

Miles Dupree, 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.*

Tom Glover  
Signature of Registered Agent

10/19/2017

Date

If signing on behalf of an entity:

Tom Glover

Typed or Printed Name

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