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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 : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
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FLORIDA

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

Email Address: _____

**REGISTERED AGENT CHANGE
PRODIGY HEALTH SUPPLIER CORPORATION**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

4/4/16

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Prodigy Health Supplier Corporation

Name of Corporation

DOCUMENT NUMBER: F07000001213

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:

Laura Stankovich

Name of Contact Person

Prodigy Health Supplier Corporation

Firm Company

9417 Brodie Lane

Address

Austin, TX 78748

City/State and Zip Code

LAURA@PRODIGYHEALTH.COM

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

For further information concerning this matter, please call:

Laura Stankovich

512

693-4376

Name of Contact Person

at (

_____) _____
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

CR2E045103-12)

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

1. The name of the corporation: PRODIGY HEALTH SUPPLIER CORPORATION
2. The principal office address: 9417 Brodie Lane Austin, TX 78748
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/02/2007 Document number: F07000001213
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)

Jonathan Houssian

6708 Benjamin Rd #300

Tampa, FL 33634

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

NRAI Services, Inc.


1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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

Jon Houssian

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.

By: NRAI Services, Inc.
Nicole Chouinard

Signature of Registered Agent

03/29/2016

Date

If signing on behalf of an entity:

Nicole Chouinard

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
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