

F07000005983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

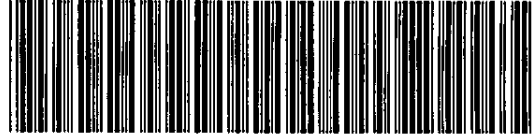
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/10/15--01015--005 **35.00

RECEIVED
AND
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15 MAR 10 PM 3: 23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2410
MAR 13 2015
T. LEMIEUX

March 5, 2015

VIA US MAIL

Florida Department of State
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: CORRECTCARE-INTEGRATED HEALTH, INC.

Dear Sir or Madam:

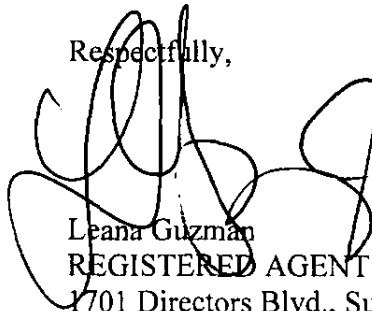
On behalf of the above-referenced corporation, enclosed please find the following for filing with the Florida Secretary of State:

1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
2. \$35 Corp to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (888) 705-7274.

Respectfully,

A large, stylized handwritten signature in black ink, appearing to read 'Leana Guzman'.

Leana Guzman
REGISTERED AGENT SOLUTIONS, INC.
1701 Directors Blvd., Suite 300
Austin, TX 78744

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CORRECTCARE-INTEGRATED HEALTH, INC.
Name of Corporation

DOCUMENT NUMBER: F07000005983

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:

LEANA GUZMAN

Name of Contact Person

REGISTERED AGENT SOLUTIONS, INC.

Firm/Company

1701 DIRECTORS BLVD SUITE 300

Address

AUSTIN, TEXAS 78744

City/State and Zip Code

CLIENTSERVICES@RASI.COM

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

For further information concerning this matter, please call:

LEANA GUZMAN

Name of Contact Person

at (888) 705-7274

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

1. The name of the corporation: CORRECTCARE-INTEGRATED HEALTH, INC.
2. The principal office address: 366 SOUTH BROADWAY LEXINGTON, KY 40508
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/07/2007 Document number: F07000005983

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)

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324

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

Registered Agent Solutions, Inc.

155 Office Plaza Dr. Suite A

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, on the corporation has been notified in writing of the change.


Signature of an officer or director

Jennifer M. Kahler, Secretary

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, 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

03/04/2015
Date

If signing on behalf of an entity:

JACLYN WRIGHT ASST. SECRETARY

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)

15 MAR 10 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED