

FC9 000000 2085

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

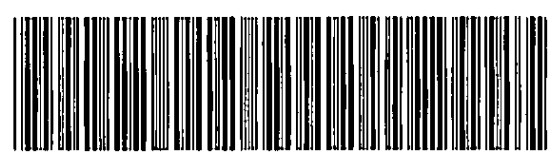
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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06/16/20--01015--009 **35.00

JUL 25 2020
S. YOUNG

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2020 JUN 16 AM 7:24



2804 Gateway Oaks Drive #100 Sacramento, CA 95833

Phone (800)533-7272 Fax (800)603-5868

REFERENCE # MUST BE ON INVOICE TO BE PAID

NUMBER PAGES:

Date: June 02, 2020

AE: Destiny Birks

TO: Florida Department of State H1080

REFERENCE: 1421066

New Filing Section - Division of Corporations

PO Box 6327

Tallahassee, FL 32314

FAX:

PLEASE PERFORM THE FOLLOWING:

ACADEMIC HEALTHPLANS INC

Change of Registered Agent

IN: FL

SPECIAL INSTRUCTIONS: Hello,

Please file the attached Statement of Change. If you have any questions please contact me at dbirks@myparacorp.com or by telephone at 800-533-7272 ext 6264

Thank you,

PLEASE RETURN: Email

PLEASE CALL (800)533-7272 ATTN: Destiny Birks TO CONFIRM FILING RESULTS

RETURN TO: PARASEC - 2804 GATEWAY OAKS DRIVE #100 SACRAMENTO, CA 95833

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET
(800)533-7272

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Academic Healthplans, Inc.
Name of Corporation

DOCUMENT NUMBER: F09000007085

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:

Destiny Birks
Name of Contact Person

Paracorp Incorporated
Firm/Company

2804 Gateway Oaks Dr #100
Address

Sacramento, CA 95833
City/State and Zip Code

paracorp@myparacorp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Destiny Birks at (900) 533-7272
Name of Contact Person 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 TX in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ACADEMIC HEALTHPLANS, INC.
2. The principal office address: 3500 William D Tate Ave Suite 200
Grapevine, TX 76051
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/21/2009 Document number: F09000002085

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)

HATCH, JOHN DESQ.

1267 BERKSHIRE LANE, SUITE 200

TARPON SPRINGS, FL 34688

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

Paracorp Incorporated

155 Office Plaza Drive, 1st Floor

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


Signature of an officer or director

Natalie Logan, 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.


Signature of Registered Agent

6/2/20
Date

If signing on behalf of an entity:

Jody Mena
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)