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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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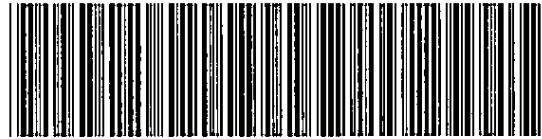
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Academic Healthplans, Inc.
Name of Corporation

DOCUMENT NUMBER: F09000002085

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:

Elizabeth Harker
Name of Contact Person

3H Agent Services, Inc.
Firm/Company

36 Long Alley, 2nd Floor
Address

Saratoga Springs, NY 12866
City/State and Zip Code

sosfilings@3hes.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Harker at (518) 583-0639
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: Academic Healthplans, Inc.
2. The principal office address: 3500 William D Tate Ave Ste 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)

Paracorp Incorporated
155 Office Plaza Drive 1st Floor
Tallahassee, FL 32301

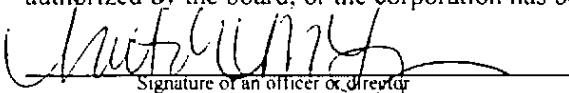
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

3H Agent Services, Inc.
1415 Panther Lane Suite 327
Naples, FL 34109

P.O. Box NOT acceptable

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

11/24/2020
Date

If signing on behalf of an entity:

Elizabeth Harker, President of 3H Agent Services, Inc.
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 (04/13)

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