

F10000002480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2016 APR 21 PM 2:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R A / R O / c h s

APR 21 2016  
ALBRITTON

**FAX COVER SHEET**  
**DELANEY CORPORATE SERVICES, LTD.**  
ONE COMMERCE PLAZA, STE 805A  
99 WASHINGTON AVE  
ALBANY, NEW YORK 12210  
P(518) 465-9242  
F(518)465-7883

TO: Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

FROM: Jeff Dudwoire

DATE: April 13, 2016

RE: National Association of Health Services Executives, Inc

Please file the attached Statement of Change on behalf of the above. Our check in the amount of \$35 is attached to cover your fees.

File on a routine basis and obtain a file stamped copy at the time of filing.

Please return to me via US Mail.

Should you have any questions, feel free to contact me at the phone number listed above.

Thank you,



Jeff

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

1. The name of the corporation: National Association of Health Services Executives, Inc.
2. The principal office address: 1050 Connecticut Avenue, N.W., 5th Floor, Washington, DC 20036
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 5/27/2010 Document number: F10000002480
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)

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301

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

Cufford Baratz - Director  
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  
Signature of Registered Agent

4-6-2016

Date \_\_\_\_\_

**If signing on behalf of an entity:**

PATRICIA M. RICE  
Typed or Printed Name

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

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)