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:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 : (850)222-1092 Phone

Fax Number : (850)878-5368

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 DIAMOND HEALTHCARE CORPORATION

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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	Diamond Healthcare Corporation
	Name of Corporation
DOC	F13000001896 UMENT NUMBER:
The ea	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Donna Stransa
	Name of Contact Person
	Markel Corporation
	Pirm/Company
	4521 Highwoods Parkway
	Address
	Glen Allen, VA 23060
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For ft	rther information concerning this matter, please call:
Donn	Strauss et (
	Name of Contact Person at (
Bnclo	sed is a \$35.00 check made payable to the Department of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallshassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle
	Tallahassee, FL 32301

CR2E045 (03/12)

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 Virginia
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Diamond Healthcare Corporation
2. The principal office address: 701 B Byrd Street, 15th Floor, Richmond, VA 23219
3. The mailing address (if different): P.O. Box 85050, Richmond, VA 23219
4. Date of incorporation/qualification: 04/30/2013 Document number: F13000001896
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 INFORMATION SERVICES, INC.
1201 Hayes Street
Tallahassee, FL 32301
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
CT Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
P.O. Box NOT ecceptable
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 tesolution duly adopted by its board of directors or by an officer so authorized by the board of the change.
Mark Brinkman, Attorney-in-Pact
I hereby accept the appointment as registered agent and agree to act in this capacity. 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 dulies, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being fled 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: C T Corporation System 9/3/13
Signature of Registered Agent If signing on behalf of an entity: tudith Argen Vice resilects and Assistant 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

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