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Division of Corporations

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 : (850)878-5368 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

REGISTERED AGENT CHANGE MEDHOST, INC.

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Corporate Riling Menu

10/3/2014

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COVER LETTER

,	Madhart (an
SUBJECT:_	Medhost, Inc.
	Name of Corporation
DOCUMEN	T NUMBER:
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:
	Kenny Barfield
	Name of Contact Person
	MEDHOST, Inc.
	Firm/Company
	6550 Carothers Parkway, Suite 100
	Address .
	Frankliu, TN 37067
	City/State and Zip Code
	kenny.barfield@medhost.com
	E-mail address: (to be used for future annual report notification)
For further infi	ormation concerning this matter, please call:
Kenny Barfield	615 761-1000
	Name of Contact Person Area Code & Daytime Telephone N

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

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	of the corporation: Medhost, Inc			
2. The princip	al office address: 6100 W. Plano Pkwy #3100 Plano, Texas 75093			<u> </u>
3. The mailing	address (if different); 6550 Carothers Pkwy STB 100 Franklin Tennessee 37067			_ _
4. Date of inco	uporation/qualification: 05/07/2013 Document number: P13000002013			_ _
5. The name at Plorida Dep	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	•		
	Brooker, Clay C.			
	Cheefy Passidomo P.A. 821 5th Avenue South			
	Naples, FL 34102		7	
6. The name an (if changed):	d street address of the new registered agent (if changed) and /or registered office)CT -3	7
	CT Corporation System		75	;
	c/o C T Corporation System, 1200 South Pine Island Road		=	
	P.O. Box NOT acceptable Plantation, Florida 33324	₹P.	15	
The street address changed will	ess of its registered office and the street address of the business office of its regis be identical.	tered agen	t,	
Such change we authorized by the	is authorized by resolution duly adopted by its board of directors or by an officer is board, or the corporation has been notified in writing of the change.			
_ lem	Senfect Kenny Burfie Printed or typed name and bute	H		
	the appointment as registered agent and agree to act in this capacity, o complete my with the provisions of all statutes relative to the proper and complete my dulies, and I am familiar with and accept the obligation of my position as registered affice addresses the registered office addresses the corporation has been notified in writing of this change.			
	oration System 10/2/14			
	ature of Replaced Agent Date Giffin Asst. Secretary			
If signing on beh	aif of an entity:			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327; TALLAHASSEE, FL 32314
CR2E045 (03/12)

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