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:

Account Name : C T CORPORATION SYSTEM

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

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

Email Address:

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REGISTERED AGENT CHANGE PASSPORT HEALTH COMMUNICATIONS, INC.

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Corporate Filing Menu

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4/23/2014

COVER LETTER

TO:	Amendment Section Division of Corporations						
OYTO 1	PASSPORT HEALTH COMMUNICATIONS, INC.						
SUBJECT:Name of Corporation							
DOC	F13000004101 UMENT NUMBER:						
The e	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:							
	Name of Contact Person						
Mains of Contact Person							
	Firm/Company						
	• •						
	Address						
	City/State and Zip Code						
	E-mail address: (to be used for future annual report notification)						
	2 milli dedisedi (ili de allem set allem espera de allem espera						
For further information concerning this matter, please call:							
Name of Contact Person at () 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 Street Address: Amendment Section Division of Corporations Cliffon Building						
	Tallahassee, FL 32314 2661 Executive Center Circle						

Tallahassee, FL 32301

CR2E045 (03/12)

NAS., RETROBES Wellow Please Calma

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

			92, 607.1508, or 617,1508 nized under th e laws of the	
			tered agent, or both, in the	
1. The name of t	the corporation:	PASSPORT HEALTH C	OMMUNICATIONS, INC.	
2. The principal	office address: 4	75 Anton Blvd., Costa M	csh, CA 92626	
3. The mailing a	eddress (if differe	nt):	Pa. 2	
4. Date of incor	poration/qualifica	ation: 09/24/2013	Document number	F13000004101
		f the current registered If resigned, enter resign	agent and registered office	on file with the
	CORPORATION	SERVICE COMPANY	,	R2
	1201 HAYS STR	reet tallahasseb,	PL 32301-2525	apr 23 MII: 42
				700 =
6. The name and (if changed):		f the new registered ag	ent (if changed) and /or re	gistered office 5
	C T Corporation	System		
	c/o C T Corporat	tion System, 1200 South	Pine Island Road	
		P.O. Box NO)T acceptable	
	Plantation, Florid	do 33324		
The street address changed will	ess of its register I be identical.	red office and the stree	t address of the business	office of its registered agent,
_			ed by its board of director of its director of the contribution of	
4	ful Ma		Carol Maas, Asst. Treas	
0	ure of all officer or dire	Yelor	***	d name and title
I hereby accept I further agree performance of agent. Or, if the hereby confirm	t the appointmen to comply with the my duiles, and it his document is b that the corporc	t as registered agent a he provisions of all sto I am familiar with and eing filed merely to re ation has been notified	nd agree to act in this cap tutes relative to the prop accept the obligation of r flect a change in the regis in writing of this change.	pacity, er and complete my position as registered stered office address, I
_ CT _A Co	rporation System		и.	las lacut
<u>-7. ℃</u> Si	gnature of Registered A	Agent	<u></u>	in the state of th
If signing on b	chalf of an entity	:		
· · · · · · · · · · · · · · · · · · ·	Comis i			
A)	Typed or Printed Name	• •	EE: \$35.00 * * *	
·	Mayer		ODINA DEBARTMENT OF	Стати

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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