

07-27-17 11:10 From: HBS Filings

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7/24/2017

Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : HARVARD BUSINESS SERVICES, INC.
Account Number : I20080000045
Phone : (302)645-7400
Fax Number : (302)645-1280

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

Email Address: filings@delawareinc.com

S. TALLENT

JUL 28 2017

REGISTERED AGENT CHANGE
ACCOUNTABLE HEALTHCARE AMERICA INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$43.75

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17 JUL 27 AM 11:15
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

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

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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 Delaware in order to change its registered office or registered agent, or both, in the State of Florida

1. The name of the corporation: Accountable Healthcare America Inc.
2. The principal office address: 2455 EAST SUNRISE BLVD. SUITE 1204.
FORT LAUDERDALE, FL 33304
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 03/23/2015 Document number: F15000001246

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):

Registered Agents Inc.

3030 N. Rocky Point Dr., STE 150A

P.O. Box NOT acceptable

Tampa, FL 33607

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 officer/agent

Michael C Bowen CFO

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

07/17/2017

Date

If signing on behalf of an entity:

Bill Havre

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6227, TALLAHASSEE, FL 32314

CR25045 (03/12)

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