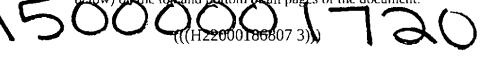
Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (855)330-1010

**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

CHC: CREATING HEALTHIER COMMUNITIES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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COVER LETTER

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations			
SUBJECT: CHC: CREATING HEALTHIER COMMUNITIES, INC. Name of Corporation			
DOCUMENT NUMBER: F15000001720			
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:			
JEROME Name of Contact Person	SECRI TAL	2022 HAY 26 AM I	-=
Firm/Company			
784 S. CLEARWATER LOOP	3 °	9	
Address	? c.	āH II:	; \
POST FALLS, ID 83854			
City/State and Zip Code	, 	28	
filings@northwestregisteredagent.com	! :::	∞	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:			
JEROME 21.6 509 3768-2249			
Name of Contact Person at (509) 768-2249 Area Code & Daytime Telephone	: Numbe	r	
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address: Amendment Section Street Address: Amendment Section			

Division of Corporations

The Centre of Tallahassee

Tailahassee, FL 32303

2415 N. Monroe Street, Suite 810

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

statement of chai	nge is submitted j	for a corporation organiz	607.1508, or 617.1508, Florida Statued under the laws of the State of $\frac{DC}{C}$ and agent, or both, in the State of Florid				
1. The name of the corporation:		CHC: CREATING HEA	CHC: CREATING HEALTHIER COMMUNITIES, INC.				
2. The principal	• –		1199 NORTH FAIRFAX STREET, SUITE 600				
		ALEXANDRIA, VA 22314					
		nt):					
4. Date of incorp	Date of incorporation/qualification: 04/23/2015 Document number: F150000			20			
5. The name and	street address of		ent and registered office on file with th				
	INCORP SERV	VICES, INC.					
	17888 67TH C	OURT NORTH		2022 HAY			
	LOXAHATCE	IEE. FL 33470		有 2			
6. The name and (if changed):	I street address of	the new registered agent	(if changed) and /or registered office	26 AH I			
	NORTHEW	EST REGISTERED AGEN	VT, LLC	- 28 - 5			
	7901 4TH ST	. N STE 300	-	,+; a			
		P.O. Box 3	NOT acceptable				
	ST. PETERSI	BURG, FL 33702					
The street addre	ess of its registere be identical.	ed office and the street a	ddress of the business office of its reg	gistered agent,			
Such change wa authorized by th	ns authorized by the board, or the c	resolution duly adopted l orporation has been noti	by its board of directors or by an officined in writing of the change.	eer so			
Thomas G	J. Boçnama		Thomas G. Bognanno / President /	CEO			
Signatur	re of an officer or direc	tor	Printed or typed name and title				
I hereby accept I further agree t of my duties, an document is bein corporation has	the appointment to comply with th d I am familiar w ng filed merely to been notified in	as registered agent and te provisions of all statut with and accept the oblig o reflect a change in the writing of this change.	agree to act in this capacity. es relative to the proper and complet ation of my position as registered ag registered office address, I hereby co	e performance ent. Or, if this onfirm that the			
Ton Glove			05/26/2022				
Sign	nature of Registered Ag	gent	Date				
If signing on be	half of an entity:						
Tom Glover/Man	nager/Northwest R	egistered Agent Ll					
T	yped or Printed Name	·					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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