

1/10/2017

Division of Corporations

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 : (614)280-3338
 Fax Number : (954)208-0845

****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
EDUCATORS HEALTH PLANS LIFE, ACCIDENT AND HEALTH

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

RECEIVED

17 JAN 11 AM 7:36

DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
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S. TALLENT

JAN 12 2017

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Corporate Filing Menu

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R/A-CH

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EDUCATORS HEALTH PLANS LIFE, ACCIDENT AND HEALTH, INC

Name of Corporation

DOCUMENT NUMBER: F16000001245

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:

Brandon Smart

Name of Contact Person

EDUCATORS HEALTH PLANS LIFE, ACCIDENT AND HEALTH, INC

Firm/Company

852 East Arrowhead Lane

Address

MURRAY, UT 84107

City/State and Zip Code

bsmart@emihealth.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brandon Smart

801

262-7476

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
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2B045 (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 UT in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: EDUCATORS HEALTH PLANS LIFE, ACCIDENT AND HEALTH, INC
2. The principal office address: 852 East Arrowhead Lane, MURRAY, UT 84107
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/15/2016 Document number: F16000001245
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)

MANG, DOUGLAS

1424 PIEDMONT DR. EAST, SUITE 200

TALLAHASSEE, FL 32308

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System


c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324


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 an officer or director

Steve Morrison, President
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.

C T Corporation System
By: 
Signature of Registered Agent

01/05/2017

Date

If signing on behalf of an entity:

Jennifer Quinn, Asst Secretary & VP

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

CR2E045 (03/12)

FILED
17 JAN 11 AM 8:33
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