

F17000003617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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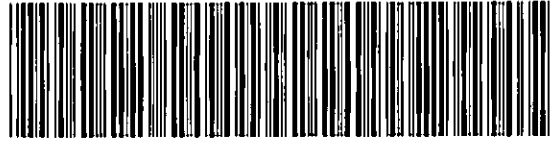
(Business Entity Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **CARR HEALTHCARE REALTY (FLORIDA), INC.**
(Name of Corporation)

DOCUMENT NUMBER: **F17000003617**

The enclosed *Resolution of the Board of Directors to Withdraw the Alternate name for use in Florida* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brittany Hoke

(Name of Contact Person)

Registered Agent Solutions, Inc.

(Firm/Company)

1701 Directors Blvd., Suite 300

(Address)

Austin, TX 78744

(City/State and Zip Code)

For further information concerning this matter, please call:

Brittany Hoke

(Name of Contact Person)

at **(888) 705-7274**

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for the following amount:



\$35.00 Filing Fee



\$43.75 Filing Fee &
Certificate of Status



\$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)



\$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed)

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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESOLUTION OF THE BOARD OF DIRECTORS TO WITHDRAW
THE ALTERNATE NAME FOR USE IN FLORIDA**

(Pursuant to section 607.1506 or 617.1506, F.S.)

(Please print or type)

I, the undersigned Colin Carr, do hereby certify
(Name)

that this Resolution of the Board of Directors of _____

CARR HEALTHCARE REALTY, INC.

(Name of Corporation)

a corporation duly organized and existing under the laws of Colorado
(State or Country)

was adopted on 04/13/2018 withdrawing the alternate

name of CARR HEALTHCARE REALTY (FLORIDA), INC.
(Current Alternate Name)

in Florida as its real name is available in Florida.

Date: 4/22/18

[Signature]
Signature of Chairman, Vice Chairman of the Board, a
director or any officer

CEO
Title of person signing

FILING FEE \$35

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314