F18000003378

(Re	questor's Name)	
(Ad	dress)	·
(Ad	dress)	
		
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

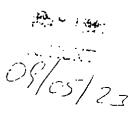
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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Clinica Camposina Family health Services Name of Corporation		
DOCUMENT NUMBER: F1800000 3378		
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:		
Malona Archuleta Name of Contact Person Clinica Family houth Services Firm/Company 1735 S Public Rd Steaol Address Lafayette co 80026 City/State and Zip Code E-mail address: (to be used for future annual report notification)	2023 SEP -5 PM 12: 40	
For further information concerning this matter, please call:		
Mallona Hy Chuleta at (303), 665 30 36 X Name of Contact Person Area Code & Daytime Telephone Number		8
Plante of Confact i croon Area Code & Daytine i creptione 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
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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, Flor statement of change is submitted for a corporation organized under the laws of the State in order to change its registered office or registered agent, or both, in the State	e of
1. The name of the corporation: Clinica Campesina Family Health 2. The principal office address: 1735 Spublic Rd Ste 201	Servills
3. The mailing address (if different): \(\frac{\mathcal{N}}{A} \)	
4. Date of incorporation/qualification: 17/27/1977 Document number: F	1800000 3378
5. The name and street address of the current registered agent and registered office on fill Florida Department of State: (If resigned, enter resigned)	le with the
Karina Martinez 2641 Funston St	
hollywood, Florida 33020	
	2023
6. The name and street address of the new registered agent (if changed) and /or registere	UNITED TO SEP
(if changed): $\int_{\mathcal{C}} (if \operatorname{changed}) = \int_{\mathcal{C}} (if \operatorname{changed}) = \int_{$	 2. ∴
Tris Paraua Roy Strumbour The	
PO Box NOT acceptable	- 0- & - 7 PM :2: 40
The street address of its registered office and the street address of the business office as changed will be identical.	of its registered agent.
Such change was authorized by resolution duly adopted by its board of directors or be authorized by the board, or the corporation has been notified in writing of the change	y an officer so
Brian John	nston, CFO
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 of my duties, and I am familiar with and accept the obligation of my position as regis document is being filed merely to reflect a change in the registered office address, I I corporation has been notified in writing of this change.	
Signature of Registered Agent 9/1/2023 Date	
If signing on behalf of an entity:	
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, TALLAHASSEF, FL 32314 CR2E045 (04/13)