000004103 Requester's Name From: SONDRA MCCRORY (850)432-0650 DELTA HEALTH GROUP, INC 2 N. PALAFOX STREET PENSACOLA, FL, 32501 City/. Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Corporation Name) (Document #) Certified Copy ☐ Walk in Pick up time Certificate of Status ■ Photocopy ☐ Mail out Will wait 40000622320 -07/05/02--01051 **AMENDMENTS NEW FILINGS** Amendment Profit Resignation of R.A., Officer/Director Not for Profit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/QUALIFICATION OTHER FILINGS ☐ Foreign Annual Report Limited Partnership Fictitious Name Reinstatement Trademark Other **Examiner's Initial**

CR2E031(7/97)

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

Pursuant to the the undersign	he provisions of section ed corporation organize	us 607.0502, 617.056 Ed under the laws of t	02, 607.1508, or 617.1508 the State ofMississippi	, Florida Statutes,
submits the fo the State of Fl	llowing statement in or	der to change its reg	ristered office or registered	agent, or both, in
1. The name o	f the corporation: Ros	sewood Manor of Pens	sacola, Inc.	<u> </u>
			·	
2. The mailing	address of the corporat	ion: 2 North Palafox	Street, Pensacola, Florida, 3	2501
3. Date of ince	orporation/qualification	2/1/93	Document number: F	93000000463
4. The name at	nd address of the curren	t registered agent and	l office:	
	Scott J. Bell			
	2 North Palafox Street	<u> </u>	* · • · • · · · · · · · · · · · · · · ·	
	Pensacola, Florida 32	2501		
5. The name ar	nd address of the new re	gistered agent (if cha P. O. Box Not Acce	nged) and/or registered off	ice (if changed):
	Sondra McCrory	•		
	2 North Palafox Street			en e
	Pensacola, Florida 32		And the second s	<u>- 발생물 발 사고 그 보</u> 다 수 있다.
The street addr	ess of its registered offi ed, will be identical.	ice and the street add	lress of the business office	of its registered
Such change w authorized by the	as authorized by resolu he board	tion duly adopted by	its board of directors or b	y an officer so
(Signature	of an officer chairman or vice	obajuma - C4L - L	6/11/02	
(Signature of an officer, chairman or vice chairman of the board)			(Date)	_
Scott J. Bell,	President (Printed or typed name a	nd title)		eng e
I further agree	tmed as registered ager tereby accept the appoi to comply with the prov my duties, and I am far	nt and to accept serv ntment as registered	ice of process for the abov agent and agree to act in relative to the proper and pt the obligation of my pos	inis capacity,
_Song	ra Mc Cra	M <u>C</u>	6/11/02	02 1AL 1
If signing on behalf		8	(Date)	JUL F
Sondra McCrory (Typed or Printed Name)			Corporate Adm	
(1	Spou of Finnen Hame)		(Capacity)	
	* * *	FILING FEE: \$35.	00 * * *	.ORI
CR2E045(9/00) Dr	vision of Corporations	P.O. Box 6327	TAILAMACOR DI COCA	51 DA
			Tallahassee, FL 32314	