G53130

HEA	THER L. DOUDNA		 -		
	Attorney at Law untryside Blvd. • Sixth Floor arwater, Florida 33763				
City/State/Lip Filone #			Office Use Only		
CORPORATIO	N NAME(S) & DOCUME				
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(C	orporation Name)	(Document #)	*****35.00 *	*****35.00	
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☐ Walk in	Pick up time	☐ Certi	fied Copy		
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NEW FILINGS	AMENDMENTS	Andrews (A. 1988) (Andrews Transmission of the Andrews Transmission of the Andrews	99 APR		
Profit	Amendment		APR 29		
NonProfit	Resignation of R.A., O	Resignation of R.A., Officer/Director			
Limited Liability	Change of Registered A	Change of Registered Agent			
Domestication	Dissolution/Withdrawa	Dissolution/Withdrawal			
Other	Merger		STATE LONIDA		
OTHER FILINGS	REGISTRATIO	ON ENACTORY			
Annual Report		NA NA			
Fictitious Name	Foreign				
Name Reservation	Limited Partnership Reinstatement				

CR2E031(1/95)

Trademark

Other

NEV

Examiner's Initials

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

Pursuant to the provisions of section 607.0502 or 607.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida, submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Ameri-Life and Health Services of Pinellas County, Inc.

1a. Date of incorporation: 8/8/83

Document Number: G53130

2. The name and address of the current registered agent and office:

HEATHER DOUDNA 2536 Countryside Blvd. Clearwater, Florida 34633

3. The name and address of the new registered agent and office:

R. Maury Thornton 2536 Countryside Blvd., Sixth Floor Clearwater, Florida 33763

The street address of its registered agent 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.

MAUNY THE

Title:

Date

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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.

Name:

Date