

8/27/2020

Division of Corporations

1796484
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: _____

2020 AUG 27 9:40
11 PM

**REGISTERED AGENT CHANGE
AMERICAN LIFE AND HEALTH GROUP, INC.**

2020 AUG 27 11:50

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

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AUG 28 2020

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Corporate Filing Menu

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

1. The name of the corporation: American Life and Health Group, Inc.

2. The principal office address: 3700 S. Stonebridge Drive, McKinney, Texas 75070

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 1-27-1986 Document number: 1496484

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)

Michele L. Mankamyer
333 Southern Blvd., Ste. 302
West Palm Beach, FL 33405

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

C T Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

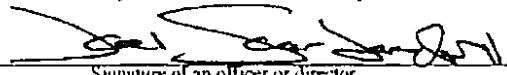
P.O. Box NOT acceptable

2020 AUG 27 A 9:10

FILED

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

Joel P. Scarborough
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: Howard L. Volz
Signature of Registered Agent

8-27-2020
Date

If signing on behalf of an entity:

Howard L. Volz
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