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800002858388--0. -04/30/99--01082--019 *****35.00 *****35.00 Attorney at Law
2536 Countryside Blvd. Sixth Floor
Clearwater, Florida 33763 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) Certified Copy Pick up time ₩alk in Photocopy ☐ Certificate of Status Mail out Will wait AMENDMENTS NEW FILINGS Amendment Profit Resignation of R.A., Officer/ Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/ OTHER FILINGS **OUALIFICATION** Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark

Other

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 the Carolinas, Inc.

1a.	Date of incorporation:	12/9/88	Document Number:	K52222	Es.	99	-
2.	The name and address of the current registered agent and office: HEATHER L. DOUDNA 2536 Countryside Blvd. Clearwater, Florida 34633				CHETARY C	APR 30 P	
	The name and address of t R. Ma 2536 6	he new regis ury Thornton Countryside l vater, Florida	stered agent and office: n Blvd., Sixth Floor a 33763	of the business	FLORIDA office of	M 12: 06	

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.

By: / 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.

Date

Name: