

(Requestor's Name)					
(Address)					
(Address)					
(City	y/State/Zip/Phon	e #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificate:	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



300276887683

09/11/15--01011--020 \*\*25.00



SEP 14 2015 G. YOUNG

## **COVER LETTER**

TO:

INHS18 (2/14)

Registration Section

Divis	sion of Corporations					
SUBJECT:	AMERICA HEALTH INNOV	1.				
•	Name of Limited Liability Company					
Dear Sir or M	/ladam:					
The enclosed	Registered Agent/Registered Off	fice Change a	nd fee(s) are submitted for filing.			
Please return	all correspondence concerning th	is matter to th	ne following:			
ROSA CA	TALINA RUIZ O.D.					
	Name of Person		<del></del>			
AMERICA	HEALTH INNOVATIONS LI	LC.		통설 <b>5</b>		
<del> </del>	Firm/Company			SA T		
8039 MUR	RANO CIR			SEP 11 PM 5: 37 RETARY OF STATE AMASSEE, FLORIDI		
***************************************	Address		<del></del>	PR ST		
PALM BEA	ACH GARDENS FL 33418			福温		
	City/State and Zip Code					
WASEEM	@AMERICAHEALTHINNOV	/ATIONS.C	OM			
E-mail	address: (to be used for future and	nual report no	tification)	•		
For further in	nformation concerning this matter	, please call:				
MUHAMM	AD WASEEM KHAN	561	3985609			
	Name of Person		Area Code & Daytime Teleph	one Number		
Regi Divis Clift 2661	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle ahassee, Florida 32301	] ]	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Encl	losed is a check for the following	g amount:				
<b>2</b> \$2	25 Filing Fee		\$55 Filing Fee & Certified Copy			

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	ume of the limited liability company:	EALTH !	NNOVATION	IS LLC.	
2. (a)	8039 MURANO CIR	(b	(b) 8039 MURANO CIR		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	\	Mailin	g address of limited liability company: te: MAY BE POST OFFICE BOX)	
	PALM BEACH GARDENS FL 33418	_	PALM BEAC	CH GARDENS FL 33418	
	02/23/2015	. <u> </u>	L1500003321	5	
3.	Date of filing/registration in Florida	4.	Doc	ument number	
5. (a)	ROSA CATALINA RUIZ O.D.		<u> </u>		
	Registered Agent and Registered Office shown on the records of 8039 MURANO CIR	the Florida	Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET) PALM BEACH GARDENS FL 33418		<b>5</b>		
	, FL	33418		FIL SEP I	
(b)	KHAN, ABEER			ED P	
(-)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	lress:		
	8039 MURANO CIR PALM BEACH GARDE	NS FL	33418	RIDA	
	NEW Registered Office Address:				
		· · · · · · · · · · · · · · · · · · ·			
	, FL	·			
the cha agent v was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited linere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regise ability co of the limited l	tered office and mpany, it is here ited liability con lability company	the business office of the registered eby confirmed that the change(s) npany or as otherwise provided in	
Siona	ture of a member or authorized representative of a member		MAMMAD Print	kthn ed or typed name of signee	
I here provisi the obl to mer notified	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I is discontinuous of this change.	ree to act performa d for in ( hereby co	in this capacity.	I further agree to comply with the	