

8/21/2020

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000290264 3)))



H200002902643ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
 Doing so will generate another cover sheet.

To:

Division of Corporations
 Fax Number : (850)617-6380

From:

Account Name : URS AGENTS LLC
 Account Number : I20150000127
 Phone : (800)567-4397
 Fax Number : (800)567-4398

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: monica.walker@brooksrehab.org

REGISTERED AGENT CHANGE
GH HOLDINGS, INC..

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

V SHI KEF

AUG 24 2020

Electronic Filing Menu

Corporate Filing Menu

Help

(((H20000290264 3)))

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GH HOLDINGS, INC..
Name of Corporation

DOCUMENT NUMBER: L70028

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Monica Walker

Name of Contact Person

GH Holdings, Inc..

Firm/Company

3599 UNIVERSITY BLVD S

Address

JACKSONVILLE, FL 32216

City/State and Zip Code

Monica.Walker@Brooksrehab.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy Clark

Name of Contact Person

at 800 567-4397

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: GH Holdings, Inc.
2. The principal office address: 3599 UNIVERSITY BLVD S, JACKSONVILLE, FL 32216
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/03/1990 Document number: L70028
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)

PASCOE, BEVERLY A
1301 RIVERPLACE BOULEVARD, SUITE 1500
JACKSONVILLE, FL 32207

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

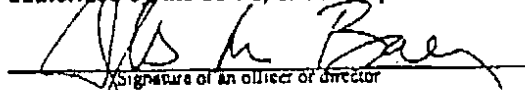
URS AGENTS, LLC
3458 LAKESHORE DRIVE
P.O. Box NOT acceptable
TALLAHASSEE, FL 32312

2020 AUG 21 P 4: 26

FILED

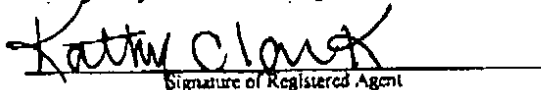
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Doug Baer President
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.


Signature of Registered Agent

8/21/2020
Date

If signing on behalf of an entity:

Kathy Clark, Assistant Secretary
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

CR2E045 (03/12)