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ADMINISTRATION INC
6TH FL
2536 COUNTRYSIDE BLVD
CLEARWATER FL
USA 33763
1-727-726-0726

MJH

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*****25.00 *****25.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

Statement of Change of Registered Office or Registered Agent or Both For Limited Liability Company

Pursuant to the Provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: **Ameri-Life Health Services of Pinellas County, LLC**

2. The mailing address of the of the limited liability company:

**2536 Countryside Blvd
6th Floor
Clearwater, FL 33763**

3. Date of Filing/registration in Florida: **9/7/00**

4. Document number: **M00000001905**

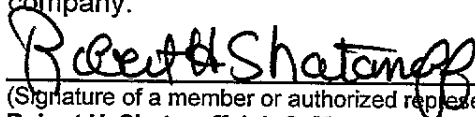
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

**Kimberly J. Haikara
2536 Countryside Blvd
6th Floor
Clearwater, FL 33763**

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

**Robert Harry Shatanoff
2536 Countryside Blvd.
6th Floor
Clearwater, FL 33763**

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability Company or otherwise provided in the articles of organization or the operating agreement of the limited liability company.

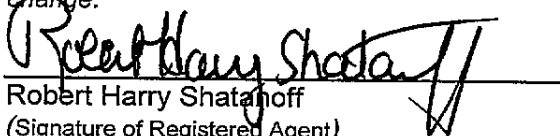


(Signature of a member or authorized representative of a member)

Robert H. Shatanoff, L.L.C. Manager

(Printed or Typed name of signee)

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 obligations of my position as registered agents provided for Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



Robert Harry Shatanoff

(Signature of Registered Agent)

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