Project GRACE

Of the Foundation of the Florida Chapter American College of Cardiology 1311 N. Westshore Boulevard, Suite 107 ♦ Tampa, Florida 33607 Toll Free: 1-877-99-GRACE (1-877-994-7223) ♦ 813/281-2324 ♦ Fax 813/281-0295

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Marty A. Ratliff, RN, OCN

Staff

Susan Riedle Administrative Assistant November 15, 2000

Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Project GRACE, Inc.

800003476348--4 -11/27/00--01126--005 *****35.00 ******35.00

Dear Sir or Madam:

Enclosed is an original and one (1) copy of a Statement of Change of Registered Office or Registered Agent or Both for Corporations for Project GRACE, Inc. Also enclosed is a check for \$35.00 for the applicable filing fee.

In addition, the corporate mailing address of Project GRACE, Inc. has changed to:

Project GRACE, Inc. 1311 N. Westshore Blvd., Suite 107 Tampa, FL 33607

If you have any questions or need additional information, please contact me at the address provided above or at (813) 281-2324.

Thank you for your assistance is this matter.

Sincerely,

Marty A. Ratliff, RN, BSN, OCN

Secretary

MAR/sr Enclosures 27 PH 3: 59

Guidelines for Resuscitation And Care at End-of-Life

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, the undersigned corporation organized under the laws of the State of <u>Florida</u> 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: **Project GRACE**, Inc.
- 2. The mailing address of the corporation: <u>1311 N. Westshore Blvd.</u>, <u>Suite 107. Tampa</u>, <u>FL 33607</u>
- 3. Date of incorporation/qualification: 3/6/2000 Document number: N 00000001594
- 4. The name and address of the current registered agent and office:

Marty Ratliff 6800 N. Dale Mabry, Suite 100 Tampa, FL 33614

5. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P.O. Box **Not** Acceptable)

Marty Ratliff 1311 N. Westshore Blvd., Suite 107 Tampa, FL 33607

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.

(Signature of an officer, chairman or vice chairman of the board)

(Date)

Marty Ratliff, Secretary
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Marty a Rutuff 11-15-00 (Signature of Registered Agent) (Date)

If signing on behalf of an entity:

(Typed or Printed Name) (Capacity)

* * * FILING FEE: \$35.00 * * *

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