

N05000CC3751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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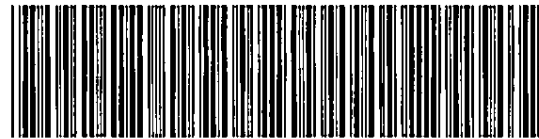
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Safety Net Hospital Alliance of Florida  
Name of Corporation

**DOCUMENT NUMBER:** n05000003751

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:

Milton Burns

Name of Contact Person

Safety Net Hospital Alliance of Florida

Firm/Company

Suite 300, 125 South Gadsden Street

Address

Tallahassee, FL 32301

City/State and Zip Code

milt@snhaf.net

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

For further information concerning this matter, please call:

Milton Burns

at (850) 980-5070

Name of Contact Person

Area Code & Daytime Telephone Number

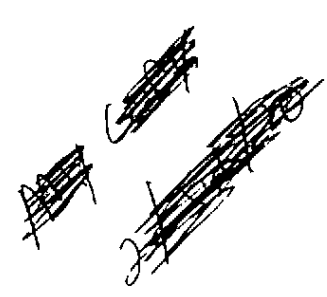
Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Handwritten signatures and initials in black ink, including what appears to be a signature and the initials 'JH'.

**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: Safety Net Hospital Alliance of Florida, INC.  
2. The principal office address: 125 South Gadsden Street, Suite 300, Tallahassee, FL 32301

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 2005 04/12/2005 Document number: n05000003751

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)

Safety Net Hospital Alliance of Florida

125 South Gadsden Street, Suite 300

Tallahassee, FL 32301

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

Milton Burns

125 South Gadsden, Suite 300

P.O. Box NOT acceptable

Tallahassee, FL 32301

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.

Melinda L. Kennedy 6/18/20 Melinda L. Kennedy  
Signature of an officer or director 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.

Milton Burns  
Signature of Registered Agent

7/2/20  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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 (04/13)