Page 1 of 1



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.

(((H11000249661 3)))



H110002496613ABC/

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : ADVENTIST HEALTH SYSTEM

Account Number : 120050000005 Phone

: (407)975-1410

Fax Number

: (407)975-1414

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

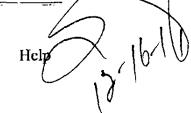
Sarah.Sneath@ahss.org

REGISTERED AGENT CHANGE AHS ACQUISITION III CORPORATION

Certificate of Status	0
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H11000249661 3

COVER LETTER

ro:	Amendment Section Division of Corporations

SUBJECT: AHS ACQUISITION III CORPORATION
SUBJECT: AHS ACQUISITION III CORPORATION Name of Corporation
DOCUMENT NUMBER: N10000008160
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:
Sarah Sneath
Name of Contact Person
Adventist Health System
Firm/Company
• •
900 Hope Way
Address
Altamonte Springs, Florida 32714 City/State and Zip Code
Sarah.sneath@ahss.org
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sarah Sneath at (407) 975-1494
Sarah Sneath at (407) 975-1494 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 Street Address: Amendment Section

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

H11000249661 3

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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: AHS ACQUISITION III CORPORATION
2. The principal office address: New Address: 900 Hope Way, Altamonte Springs, FL 32714
3. The mailing address (if different):
4. Date of incorporation/qualification: 08/26/2010 Document number: N10000008160
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)
T. L. Trimble
111 N. Orlando Avenue
Winter Park, FL 32789
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
T.L. Trimble
900 Hope Way
1.O. Don 1801 boogname
Altamonte Springs, FL 32714 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.
Ariel De Prada, Assistant Secretary Printed or typed name and little
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 If signing on behalf of an entity: H11000249661 3

* * * FILING FEE: \$35,00 * * *