6/6/2019 Division of Corporations

N12000003793 H19000179888

Florida Department of State

Division of Corporations

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Fax Number : (850)617-6380

From:

Account Name : LIESER SKAFF ALEXANDER, PLLC
Account Number : I20150000057
Phone : (813)280-1756
Fax Number : (813)251-8715

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

Email Address: cwinford@gracepointewellness.org

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REGISTERED AGENT CHANGE

MENTAL HEALTH CARE AFFORDABLE HOUSING IV, INC.

Certificate of Status	0
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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: Mental Health Care Affordable Housing IV, Inc.
2. The principal office address: 11740 North 15th Street, Tampa, Florida 33612
3. The mailing address (if different): 5707 North 22nd Street, Tampa FL 33610
4. Date of incorporation/qualification: 4/12/2012 Document number: N12000003793
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)

   Karen J Prevalt

   137 S. Pebble Beach Blvd., Ste 102

   Sun City Center, FL 33573

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

   Lieser Skaff Alexander, PLLC

   403 N. Howard Ave.

   P.O. Box NOT acceptable

   Tampa, FL 33606

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.

Christina Wolford — Signature of an officer or director

Christina Wolford — 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 — May 15, 2019 Date

If signing on behalf of an entity:

Ghada Skaff — Typed or Printed Name

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TALLAHASSEE, FLORIDA

* * * FILING FEE: $35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E043 (03/12)

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