

112000006746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

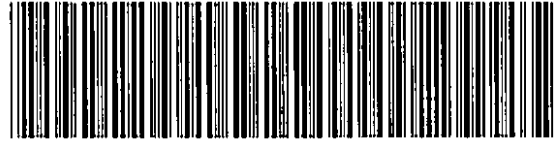
(Business Entity Name)

(Document Number)

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JUL 25 2018

*Handwritten signature*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Cano Life, Inc.

Name of Corporation

**DOCUMENT NUMBER:** N12000006746

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:

Jason R. R. Conger

Name of Contact Person

Lynch Conger McLane, LLP

Firm/Company

1567 SW Chandler Ave., Suite 204

Address

Bend, OR 97702

City/State and Zip Code

akirk@lynchconger.com

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

For further information concerning this matter, please call:

Amber Kirk

Name of Contact Person

at 541 383-5857

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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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: Cano Life, Inc.
2. The principal office address: 680 N. University Dr.  
Pembroke Pines, FL 33024
3. The mailing address (if different): 1567 SW Chandler Ave., Suit 204  
Bend, OR 97702
4. Date of incorporation/qualification: 07/11/2012 Document number: N12000006746
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)

Eubanks, Christian

URS Agents, LLC

3458 Lakeshore Dr., Tallahassee, FL 32312

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

URS Agents, LLC

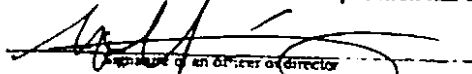
3458 Lakeshore Dr.

P.O. Box NOT acceptable

Tallahassee, FL 32312

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.

  
Signature of an officer or director

Marlow Hernandez

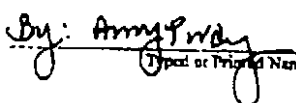
Printed or typed name and title

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

Date

If signing on behalf of an entity:

By:  Amy Purdy, Assistant Secretary  
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  
CR2B045 (03/12)

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