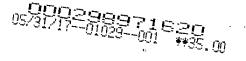
N1300001485

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: PACE Partners of Northeast Florida, Inc.

Name of Corporation

N13000001485

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:

Bonnie Overbey

Name of Contact Person

PACE Partners of Northeast Florida, Inc.

Firm/Company

4266 Sunbeam Road

Address

Jacksonville, FL 32257

City/State and Zip Code

BOverbey@communityhospice.com

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

For further information concerning this matter, please call:

Bonnie Overbey

, 904 \407-5050

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: PACE Partners of Northeast Florida, Inc.	
2. The principal	office address: 5450 Ramona Boulevard, Jacksonville, FL 32205	
3. The mailing a	address (if different): Same as above	
4. Date of incorp	poration/qualification: 2/13/2013 Document number: N13000001485	
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	
	CF Registered Agent, Inc.	
	100 S. Ashley Drive, Suite 400	
	Tampa, FL 33602	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	
	Susan Ponder-Stansel	
	4266 Sunbeam Road	
	P.O. Box NOT acceptable	
	Jacksonville, FL 32257	
The street addre as changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.	
	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
Signatur.	Susan Ponder-Stansel, Director Printed or typed name and title	
	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.	
	nature of Registered Agent Date	
	half of an entity:	
Susan Pond	·	
	yped or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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