

6/14/2021

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**N21000233783**

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**To:**

Division of Corporations  
Fax Number : (850)617-6380

**From:**

Account Name : BRYTEBRIDGE CONSULTING, LLC  
Account Number : I20200000117  
Phone : (407)278-1552  
Fax Number : (407)857-9309

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

**Email Address:** \_\_\_\_\_

**REGISTERED AGENT CHANGE  
AMERIWEST COLLEGE OF HEALTH SCIENCE, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
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JUN 15 2021

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Ameriwest College of Health Science, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N21000006373

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:

Joanes Polynice

Name of Contact Person

Ameriwest College of Health Science, Inc.

Firm/Company

PO Box 682149

Address

Orlando, FL 32868

City/State and Zip Code

ameriwest.chs@gmail.com

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

For further information concerning this matter, please call:

Joanes Polynice

at (407) 350-1624

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

# 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: Ameriwest College of Health Science, Inc.  
 2. The principal office address: 7200 LAKE ELLENOR DR SUITE 204, ORLANDO, FLORIDA 32809

3. The mailing address (if different): PO BOX 682149, ORLANDO, FLORIDA 32868

4. Date of incorporation/qualification: 05/25/2021 Document number: N21000006373

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)

FLORENCE POLYNICE

7200 LAKE ELLENOR DR SUITE 204

ORLANDO, FL 32809

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

JOANES POLYNICE

7200 LAKE ELLENOR DR SUITE 204

P.O. Box NOT acceptable

ORLANDO, FL 32809

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.

Joanes Polynice

Signature of an officer or director

Joanes Polynice

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.*

Joanes Polynice

Signature of Registered Agent

6/14/2021

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)