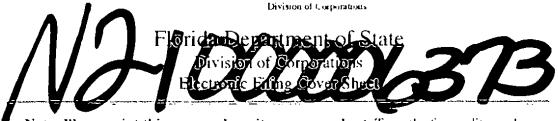
6 14 2021



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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.

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TO:

Page: 3 of 4

Amendment Section

SUBJECT: Ameriwest College of Health Science, Inc. Name of Corporation	· · · · · · · · · · · · · · · · · · ·
Name of Corporation	
DOCUMENT NUMBER: N21000006373	
The enclosed Statement of Change of Registered C	Office/Agent and fee are submitted for filing
Please return all correspondence concerning this π	natter 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 re	eport notification)
For further information concerning this matter, ple	ase call:
To rainer mornation concerning and matter, pre	
Joanes Polynice	at (407) 350-1624 Area Code & Daytime Telephor

Enclosed is a \$35.00 check made payable to the Department of State.

MailingAddress: 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

CR2E045 (04/13)

To: 18506176381 Page: 4 of 4 2021-06-14 16:14:36 UTC 14075985443 From: Andrea Ortega

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

	•	2, 617,0502, 607,1508, or 617,1508, Florida Statutes, this ution organized under the laws of the State of Florida
-		e or registered agent, or both, in the State of Florida.
1. The name of	the corporation: Ameriwest Col	llege of Health Science, Inc.
The principal	office address: 7200 LAKE EL	LENOR DR SUITE 204, ORLANDO, FLORIDA 32809
3. The mailing a	address (if different): PO BOX	682149, ORLANDO, FLORIDA 32868
4. Date of incor	poration/qualification: 05/25/20	Document number: N21000006373
	d street address of the current re rtment of State: (If resigned, en	egistered agent and registered office on file with the iterresigned)
	FLORENCE POLYNICE	
	7200 LAKE ELLENOR DR SU	JITE 204
	ORLANDO, FL 32809	
6. The name an (ifchanged):		stered agent (if changed) and /or registered office
	JOANES POLYNICE	
	7200 LAKE ELLENOR DR SU	JITE 204
		P.O. Box NOT acceptable
	ORLANDO, FL 32809	
The street addr as changed will	ress of its registered office and I be identical.	the street address of the business office of its registered agent,
Such change wauthorized by t	as authorized by resolution du he board, or the corporation h	ly adopted by its board of directors or by an officer so as been notified in writing of the change.
,	oanes Polynice	Joanes Polynice
-	ure of an officer or director	Printed or typed name and title
I furthér agrée of my duties, ai document is be	t the appointment as registered to comply with the provisions and I am familiar with and acceing filed merely to reflect a chis been notified in writing of the	d agent and agree to act in this capacity. of all statutes relative to the proper and complete performance on the obligation of my position as registered agent. Or, if this lange in the registered office address, I hereby confirm that the is change.
Joan	ces Polynice	6/14/2021
Sq	gnature of Registered Agent	Date
If signing on be	ehalf of an entity:	
	fyped or Printed Name	<u></u>
	r: د د د د	11 INT EDE. \$25 BB * \$ *

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