

N9300003787

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STATE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Institute For Health Care Advocacy, Inc.
Name of Corporation

DOCUMENT NUMBER: N93000003787

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:

Mary Tovella Dowling, Esq.
Name of Contact Person

For Purpose Law Group
Firm/Company

2120 W Washing Street, Suite 101
Address

San Diego, CA 92110
City/State and Zip Code

mtovella@forpurposelaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Tovella Dowling at (619) 780-3839
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

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: INSTITUTE FOR HEALTH CARE ADVOCACY, INC.
- 2. The principal office address: 100 E San Marcos Blvd., Suite 400, San Marcos, CA 92069
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 08/20/1993 Document number: N93000003787
- 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)

Lindahl, Will
3030 N. Rocky Point Dr. West · Suite 150
Tampa, FL 33707

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

InCorp Services, Inc.
17888 67th Court North
P.O. Box NOT acceptable
Loxahatchee, FL 33470

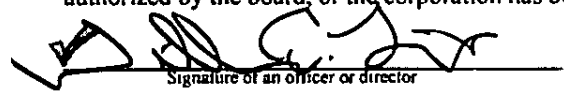
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TALLAHASSEE, FLORIDA

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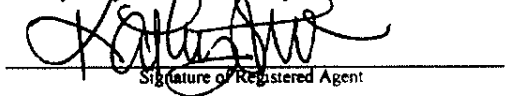
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Will Lindahl, Executive Director
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

April 27, 2016
Date

If signing on behalf of an entity:

Kathy Shin on behalf of InCorp Services, Inc.
Typed or Printed Name

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