

N94000004673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

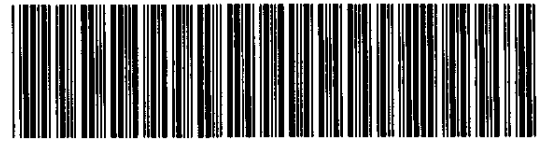
(Business Entity Name)

(Document Number)

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To Whom It May Concern:

Enclosed please find the necessary forms/document and fees for services rendered, if applicable, for the enclosed filing.

Please return confirmation, if applicable, of such filing to:

**Adventist Health System
Attn: Sarah Sneath
900 Hope Way
Altamonte Springs, FL 32714**

If you should have questions please feel free to call me at **407-357-2333**.

Thank you for your services.

Sincerely,

A handwritten signature in cursive script that reads "Sarah".

**Sarah I. Sneath
Corporate Information Analyst
Legal Services Department
Adventist Health System**

/enclosures

Extending the Healing Ministry of Christ

900 Hope Way | Altamonte Springs, Florida 32714 | 407-357-1000

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Southwest Volusia Health Services, Inc.
Name of Corporation

DOCUMENT NUMBER: N94000004673

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:

Sarah Sneath

Name of Contact Person

Adventist Health System

Firm/Company

900 Hope Way

Address

Altamonte Springs, FL 32714

City/State and Zip Code

sarah.sneath@ahsss.org

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

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For further information concerning this matter, please call:

Sarah Sneath

Name of Contact Person

at (**407**) **357-2333**

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: Southwest Volusia Health Services, Inc.

2. The principal office address: 1055 Saxon Blvd., Orange City, FL 32763

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 9/19/1994 Document number: N94000004673

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)

Robert Deininger
1055 Saxon Blvd
Orange City, FL 32763

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

Jeff Bromme
900 Hope Way
P.O. Box NOT acceptable
Altamonte Springs, FL 32714

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DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE


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

Ariel De Prada, Assistant Secretary
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

9/16/2016
Date

If signing on behalf of an entity:

Typed or Printed Name

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