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To:

Division of Corporations

Fax Number : {850}617-6380

From:

Account Name : MICHAEL BLANCO & CO., LLC

Account Number : 120170000029 Phone : (305)615-2655

Fax Number : (305)615-2658

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

REGISTERED AGENT CHANGE ASSURE, INC.

Certificate of Status	0
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COVER LETTER

TO:

Amendment Section Division of Corporations

STREET, Assure, Inc.

Name of Corporation

DOCUMENT NUMBER:

P00000068827

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:

Michael A. Blanco

Name of Contact Person

Michael Blanco & Co.

Firm/Company

8360 West Flagler Street, Suite 200

Address

Miami, Florida 33144

City/State and Zip Code

michael@mblancocpa.com

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

For further information concerning this matter, please call:

Michael Blanco

,305

615-2655

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

CR2E045 (03/12)

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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 page is submitted for a corporation organized under the laws of the State of Florida. To change in registered office or registered agent, or both, in the State of Florida.		
	the corporation: Assure, Inc.		
2. The principal	office address: 7520 SW 5 Avenue, Suite F Lorida 33143		
3. The mailing a	address (if different);		
4. Date of incom	poration/qualification: 07/14/2000 Document number: P00000068827		
5. The name are Florida Depar	street address of the current registered agent and registered office on file with the rement of State: (If resigned, enter resigned)		
	Pimentel, Carola		
	4100 Salcedo Street, Unit 19		
	Coral Gables, Florida 33146	***	
6. The name and (if changed):	d street address of the new registered agent (if changed) and for registered office	SEP 28	<u> </u>
	Michael A. Blanco		im CO
	8360 West Flagler Street, Sulte 200	£ 9:	ن
	Miami, Florida 33144	: 26	
The street addn	ess of its registered office and the street address of the business office of its registered agent, be identical.		
Such change we authorized by the	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.		
XIO	Carola Pimentel The column billion of the control		
I hereby accept I further agree performance agent. Or, if th hereby confirm	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutus 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.		•
	chalf of an entity:		
	yped be 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 (03/12)