Requester's Name From: SONDRA MCCRORY (850)432-0650 DELTA HEALTH GROUP, INC 2 N. PALAFOX STREET PENSACOLA, FL, 32501 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) Certified Copy Pick up time ☐ Walk in Certificate of Status Photocopy Will wait Mail out **AMENDMENTS NEW FILINGS** Amendment Profit Resignation of R.A., Officer/Director Not for Profit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/QUALIFICATION OTHER FILINGS Foreign Annual Report Limited Partnership ☐ Fictitious Name Reinstatement Trademark Other Examiner's Initia

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

	AGENT ON DO 2222			
	provisions of sections 607.0502, 617.0502, 607.1. corporation organized under the laws of the State of	<i>/</i> /		· · · · · · · · · · · · · · · · · · ·
submits the follow	ving statement in order to change its registered o	ffice or registered agent,	or both, in	
J Charles of Flowing	da			
1. The name of th	ne corporation: Pensacola Real Estate Holdings IV	, 1110.		Ţ . — <u>_</u>
		A Section of the sect	- 1 <u>- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1</u>	
2. The mailing at	Idress of the corporation: 2 North Palafox Street, P	ensacola, Florida, 32501	. We	
Z. The maning at				-
3 Date of incort	poration/qualification: 9/1/2000 Do	cument number: P000000)83374	
4. The same and	address of the current registered agent and office:			
4. The name and				
_		Fig. 4 St. St.		i sprii.
_	2 North Palafox Street		=	* * * * * * * * * * * * * * * * * * *
	Pensacola, Florida 32501	1/ sistered office (i	f changed)	
5. The name and	1 address of the new registered agent (if changed) a (P. O. Box Not Acceptable)	and/or registered office (i	Changos).	
	Sondra McCrory		· ·	~
-	2 North Palafox Street	ga na na na n a ana s	e e	
-	Burnin Florido 32501			•
The street addr	ess of its registered office and the street address of	of the business office of i	ts registered	. <u> </u>
Such change w	red, will be identical. Pas authorized by resolution duly adopted by its be beard The board	oard of directors or by ar	Officer so	
authorized by t	he board	6/11/02		
(Signature	of an officer, chairman or vice chairman of the board)	(Date)		'
Scott J. Bell,	in the desired normal and title)		eneral	
I further agree	amed as registered agent and to accept service of hereby accept the appointment as registered agent the comply with the provisions of all statutes related to the provisions of all statutes related the provisions with and accept the provisions of all statutes.	f process for the above s nt and agree to act in thi tive to the proper and co se obligation of my positi	s capacity. mplete on as	
registered age		6/11/02		
Sono	(Signature of Registered Agent)	(Date)	ALL 860 870 870 870	
If signing on beh	half of an entity:	Corporate Admir		: TI
Sondra Mo	cCrory	(Capacity)	- SS } -5	Ë
	(Typed or Printed Name)	, ,		
	* * * FILING FEE: \$35.00	* * *	STA FLOR	

P.O. Box 6327

CR2E045(9/00)

DIVISION OF CORPORATIONS

TALLAHASSEE, FL 32314