## 0083376 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): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) ☐ Walk in Pick up time Certified Copy ☐ Mail out ☐ Photocopy ☐ Will wait Certificate of Status **NEW FILINGS** AMENDMENTS ☐ Profit Amendment ■ Not for Profit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Dissolution/Withdrawal Domestication Other Merger REGISTRATION/QUALIFICATION OTHER FILINGS Annual Report Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other **Examiner's Initial**

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

	provisions of sections 607.0502, 617. corporation organized under the laws	·	7.1508, Floride	a Statute	es,
•	owing statement in order to change its	·	istered agent,	or both,	in
	he corporation: Pensacola Real Estate	e Holdings V, Inc.			
2. The mailing a	ddress of the corporation: 2 North Pala	fox Street, Pensacola, Flo	orida, 32501		
3. Date of incor	poration/qualification: 9/1/2000	Document num	ber: P0000008	3376	
4. The name and	address of the current registered agent				
	Scott J. Bell				
<del>-</del>	2 North Palafox Street		<del>_</del>	-	
_	Pensacola, Florida 32501		<del></del>	-	
5. The name and	address of the new registered agent (if (P. O. Box Not A		red office (if c	hanged):	:
	Sondra McCrory				
<del>-</del>	2 North Palafox Street		<del></del>		
_	Pensacola, Florida 32501		·-···		
The street addre	ss of its registered office and the street d, will be identical.	address of the business	s office of its r	egistere	d
Such change wa authorized by th	s authorized by resolution duly adopte e board	d by its board of directo	ors or by an of	ficer so	
			6/11/02		
(Signature o	f an officer, chairman or vice chairman of the boar	d)	(Date)		
Scott J. Bell, F	President				
	(Printed or typed name and title)	<u> </u>			
corporation, I h I further agree t	med as registered agent and to accept ereby accept the appointment as regist o comply with the provisions of all stamy duties, and I am familiar with and	tered agent and agree to tutes relative to the pro	o act in this ca per and comp	pacity. lete	
Z	100 200 000	6/11/	/02 \buildrel{\bildrel{\buildrel{\buildrel{\buildrel{\buildrel{\buildrel{\buildrel{\buildrel{\buildrel{\buildrel{\buildrel{\buildrel{\buildrel{\biildrel{\biildrel{\biildrel{\biildrel{\biildrel{\biildrel{\bii}\biidrel{\biildrel{\biildrel{\biildrel{\biildrel{\biildrel{\biidrel{\biidrel{\biiidrel{\biiidrel{\biiidrel{\biiidrel{\biiidrel{\biiidrel{\biiidrel{\biiidrel{\biiidrel{\biiidrel{\biiidrel{\biiidrel{\biiidrel{\biiidrel{\biiiidre\biiidre\biiidre\biiidrel{\biiiidrel{\biiiidrel{\biiiidre\biii	<u> </u>	
(\$)	gnature of Registered Agent)	(Date)			-
If signing on behalf	of an entity:		SA		
Sondra McCı	ory	Corpor	rate Administrat	ΩΓ	ILED
T)	yped or Printed Name)	(Capac	ity)		D
	* * * FILING FEE:	\$35.00 * * *	Loridi	1.51	

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