P01000028196

(Re	equestor's Name)	
(Ac	ddress)	
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, (Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
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SECRETARY OF STATE A

COVER LETTER

Division of Corporations	
SUBJECT: AsgardHealth, Corp.	
(Name of Corpo	oration)
DOCUMENT NUMBER: P01000028196	
The enclosed Statement of Change of Registered Office	ce/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
Bradford S. Lovette	
(Name of Contact	ct Person)
AsgardHealth, LLC	
(Firm/Company))
1675 Palm Beach Lakes Bouley	vard, Suite 700
(Address)	
West Palm Beach, Florida 3340	01
(City/State and Z	Zip Code)
For further information concerning this matter, please	call:
Michele E. Adler at(561) 868-161	
(Name of Contact Person) (Area Co	ode & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Depart	rtment of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (8/05)

TO: Amendment Section

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: AsgardHealth, Corp.			
2.	The principal office address: 431 Seabreeze Avenue, Palm Beach, FL 33401			
3.	The mailing address (if different): 1675 Palm Beach Lakes Blvd., Ste. 700, West Palm Beach, FL 33401			
4.	Date of incorporation/qualification: March 19, 2001 Document number: P01000028196			
5,	The name and street address of the current registered agent and registered office on file with the Florida Department of State:			
	Angell Corporate Services, Inc. c/o Edwards Angell Palmer & Dodge LLP One North Clematis, Suite 400 West Palm Beach, FL 33401 The name and street address of the new registered agent (if changed) and/or registered office (if changed): Asgard Group, Inc. 1675 Palm Beach Lakes Boulevard, Suite 700 (P.O. Box NOT acceptable)			
6.	The name and street address of the new registered agent (if changed) and/or registered office (if changed):			
	Asgard Group, Inc. 1675 Palm Beach Lakes Boulevard, Suite 700 (P.O. Box NOT acceptable) West Palm Beach, FL 33401			
	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. Bradford S. Lovette, Director/President (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.			
	B 4/13/7			
	(Signature of Registered Agent) (Date)			
	If signing on behalf of an entity:			
	Bradford S. Lovette (Typed or Printed Name)			
	Add TW VALCE TO THE AGE COLLEGE			

FILING FEE: \$35.00

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314