

PO10000040115

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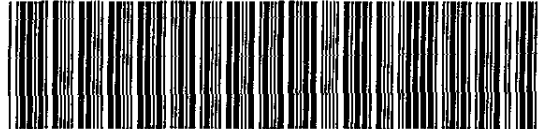
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T BROWN JUN - 5 2003

B.A. change

**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: AMP HEALTH PLANS CONSTRUCTION & MANAGEMENT, INC

2. The principal office address: 1400 NE 191 ST. STREET #242
NORTH MIAMI BEACH FL 33179

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 04/19/03 Document number: PO 10000 40 115

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CAMPOS-SIBERIO ADA B
1400 NE 191 ST #242
NORTH MIAMI BEACH FL 33179

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SECRETARY OF STATE
FLORIDA

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

LIVIU BLEIER
1878 CORAL WAY
(P.O. Box or personal mailbox is not acceptable)
MIAMI FL 33145

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 officer, chairman or vice chairman of the board)

ADA B. CAMPOS-SIBERIO (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.

(Signature of Registered Agent)

MAY 21/03
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

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