

PO1 000042087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

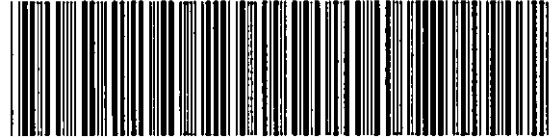
(Business Entity Name)

(Document Number)

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JAN 14 2020

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Roberts Healthcare Consulting Services, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P01000042087

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:

Sharon Roberts  
Name of Contact Person

CDR Resource Center  
Firm/Company

5401 West Kennedy Blvd, Suite 100  
Address

Tamoa, FL 33609  
City/State and Zip Code

sroberts@cdrresourcecenter.com

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

For further information concerning this matter, please call:

Sharon Roberts at ( 954 ) 257-9000  
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

**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: Roberts Healthcare Consulting Services, Inc.
- 2. The principal office address: 5401 West Kennedy Blvd, Suite 100  
Tampa, FL 33609
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 4/26/2001 Document number: P01000042087
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Sharon Roberts  
405 South Dale Hwy, Suite 336  
Tampa, FL 33609

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

Sharon Roberts  
5401 West Kennedy, Suite 100  
Tampa, FL 33609  
P.O. Box NOT acceptable

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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 an officer or director

Sharon Roberts, Director  
 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

12/9/19  
 Date

If signing on behalf of an entity:

Sharon Roberts  
 Typed or 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