PO10000 50395

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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TO DEC 16 AM H: LO

RA Change

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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: VSJG HEALTHCARE I, INC. Name of Corporation		
DOCUMENT NUMBER: P01000050395		
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:		
Katelyn Bean		
Name of Contact Person		
Paracorp Incorporated		
Firm/Company		
2804 Gateway Oaks Dr #100		
Address		
Sacramento, CA 95833		
City/State and Zip Code	<u>_</u> _	
E-mail address: (to be used for future annual report notification)	91 033	LRETARY
For further information concerning this matter, please call:	7	걸유
Katelyn Bean ,280-6563	ZH 11 149	STAT
Name of Contact Person Area Code & Daytime Telephone Number	۵	10HS HOH

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

•	-	02, 607.1508, or 617.1508, Florida Statutes, this nized under the laws of the State of Florida	
•		tered agent, or both, in the State of Florida.	
	ne corporation: VSJG HEALTHC/	,	
	office address: 240 EAGLE ESTA		
	FL 32713		
	Idress (if different): PO BOX 5307	87	_
DEBAR	Y, FL 32753		
4. Date of incorp	oration/qualification: 05/21/2001	Document number: P01000050395	
	street address of the current registered a ment of State: (If resigned, enter resigne	agent and registered office on file with the ed)	
	C T CORPORATION SYSTE	EM	
_	1200 SOUTH PINE ISLAND	ROAD	
	PLANTATION, FL 33324		
6. The name and (if changed):	street address of the new registered age	nt (if changed) and /or registered office	
	Paracorp Incorporated		
	155 Office Plaza Drive, 1st F	loor	
	PO Bex NOT	secepable	
	Tallahassee, FL 32301		
The street addres. as changed will b	s of its registered office and the street are identical.	address of the business office of its registered agent.	
Such change was nuthorized by the	authorized by resolution duly adopted board, or the corporation has been not	by its board of directors or by an officer so tified in writing of the change.	
DE LA CONTRACTION DE LA CONTRA	of an officer or director	W Stawy & Sug. n Principal	ſ
hereby accept the further agree to performance of magent. Or, if this	ne appointment as registered agent and comply with the provisions of all statu w duties, and I am familiar with and a	A agree to act in this capacity. ites relative to the proper and complete coept the abligation of my position as registered ict a change in the registered office address, I	
DI	2	12/3/2019	
Signal	ure of Registered Agent	Date	
f signing on beha	alf of an entity:		
Jody Moua, Asst. S	Secretary, Paracorp Incorporated		
Туре	ed or Printed Name		

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