

PO2000050837

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

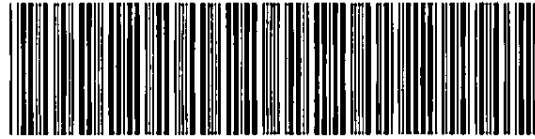
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Assurance Health Care Financial Services, Inc.
Name of Corporation

DOCUMENT NUMBER: P02000050837

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:

Michael MacLaren

Name of Contact Person

Assurance Health Care Financial Services, Inc.

Firm/Company

3003 S Hwy 77, Suite F

Address

Lynn Haven FL 32444-5627

City/State and Zip Code

ahcfsusa@gmail.com

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

For further information concerning this matter, please call:

Michael MacLaren

Name of Contact Person

at (850) 522-5335

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

*Change
Director's Address*

also

MM

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: Assurance Health Care Financial Services, Inc.
2. The principal office address: 3003 S Hwy 77, Suite F, Lynn Haven FL 32444-5627
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/03/2002 Document number: P02000050837
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)

Michael MacLaren

1615 Florida Avenue

Panama City, FL 32405-4636

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

Michael MacLaren

3003 S Hwy 77, Suite F

P.O. Box NOT acceptable

Lynn Haven, FL 32444-5627

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

Michael MacLaren, 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

10/28/2019

Date

If signing on behalf of an entity:

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

CR2E045 (03/12)