PO2000 100 391

(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:				

Office Use Only



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07/27/20--01038--010 **35.00

RECENZO

2020 JUL 23 PM 12: 08
SECRETARY OF STATE

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CSC - WILMINGTON
251 Little Falls Drive
Wilmington . De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: July 21, 2020

Order#: 345704/004

Re: BAPTIST ANCILLARY SERVICES, INC.

Enclosed please find:

XX __ Change of Registered Agent and Office.

XX Check in the amount of \$35___.

Please take the following action:

XX___ File in your office on a routine basis.

XX ___ Issue Proof of Filing.

XX ___ Return Regular Mail in the enclosed envelope.

Attn:Erika Zavala Daza c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporati	, 617.0502, 607.1508, or 617.1508, Florida Statut ion organized under the laws of the State of <u>FL</u> or registered agent, or both, in the State of Florid	
1. The name of t	he corporation: BAPTIST ANCI	LLARY SERVICES, INC.	
2. The principal	office address: 6855 RED ROA	D SUITE 600, CORAL GABLES, FL 33143	
•	The state of the s		
4. Date of incorp	oration/qualification: 09/17/20	02 Document number: P020001003	91
	I street address of the current reg tment of State: (If resigned, ento	gistered agent and registered office on file with the er resigned)	e
	FRIEDMAN, DAVID R		
	6855 RED ROAD SUITE 500		
	CORAL GABLES, FL 33143		202
6. The name and (if changed):	street address of the new regist	tered agent (if changed) and /or registered officer	020 JUL 23
	Corporation Service Compan	y SS	
	1201 Hays Street	ມະ ກຸກັບ	
	Tallahassee	P.O. Box NOT acceptable FL 32301	18 18
The street address changed will	ess of its registered office and to be identical.	he street address of the business office of its reg	istered agent,
Such change wa authorized by th	as authorized by resolution dul- ne board, or the corporation has	y adopted by its board of directors or by an offic s been notified in writing of the change.	er so
χ	ee E agnie	Jill Cilmi, Vice President	
Signativ	re of an officer or director	Printed or typed name and title	
I further agree of my duties, an document is bei corporation has	the appointment as registered to comply with the provisions of all am familiar with and accepting filed merely to reflect a chair been notified in writing of this Service Company	agent and agree to act in this capacity. of all statutes relative to the proper and complete of the obligation of my position as registered age inge in the registered office address, I hereby co s change.	e performance ent. Or if this nfirm that the
	Z-Kuby	07/20/2020	
	nature of Registered Agent	Date	
If signing on be	half of an entity:		
	Asst. Vice President yped or Printed Name		

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