

PO6000095990

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Change

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FILED  
2015 JUN 11 PM 3:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 19 2015  
RAMSEY

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Shore Healthcare Management Inc  
Name of Corporation

**DOCUMENT NUMBER:** P06000095990

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:

Al Jenkins  
Name of Contact Person

Shore Healthcare Management Inc  
Firm/Company

272 Putnam  
Address

Ormond Beach Fl 32174  
City/State and Zip Code

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

For further information concerning this matter, please call:

Al Jenkins at ( 386 ) 677-3171  
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: Shore Healthcare Management Inc.
2. The principal office address: 272 Putnam  
Ormond Beach Fl 32174
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 7/21/09 Document number: P06000095990
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)

CT Corporation System  
1200 South Pine Island Road  
Plantation Fl 33324

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

Al Jenkins  
272 Putnam  
Ormond Beach Fl 32174

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]  
Signature of an officer or director

Al Jenkins  
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]  
Signature of Registered Agent

6/8/15  
Date

If signing on behalf of an entity:  
\_\_\_\_\_  
Typed or Printed Name

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