

P09000029247

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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REGISTERED AGENT CHANGE
FOUNTAIN OF LIFE CANCER TREATMENT AND PREVENTION CEN

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Fountain of Life Cancer Treatment & Prevention Center, INC
Name of Corporation

DOCUMENT NUMBER: P09000029247

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:

CICERO F. HOLMES JR.

Name of Contact Person

Fountain of Life Cancer Treatment & Prevention Center, Inc

Firm/Company

9526 Argyle Forest Blvd, Suite B2 #306

Address

Jacksonville, Florida 32222-2825

City/State and Zip Code

cholmes@folhealth.com

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

For further information concerning this matter, please call:

Cicero F. Holmes Jr

904

606-2007

Name of Contact Person

at ()

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: Fountain of Life Cancer Treatment & Prevention Center, Inc
2. The principal office address: 499 Deercroft Lane
Orange Park, Florida 32065
3. The mailing address (if different): 9526 Argyle Forest Blvd, Suite B2 #306
Jacksonville, Florida 32222-2825
4. Date of incorporation/qualification: March 31, 2009 Document number: P09000029247
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)

Joseph Fardella

5336 N.W. 106th Street

Coral Springs, Florida 33076

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

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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

Cicero F. Holmes Jr

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.

By: C T Corporation System

Signature of Registered Agent

5/20/2016

Date

If signing on behalf of an entity:

James M. Halpin

Assistant Secretary

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)