

Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : ADVENTIST HEALTH SYSTEM
Account Number : I20050000005
Phone : (407) 975-1410
Fax Number : (407) 975-1414

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

Email Address: Sarah.Sneath@ahss.org

**REGISTERED AGENT CHANGE
EMPLOYER CHOICE INSURANCE COMPANY, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02 3
Estimated Charge	\$35.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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H11000249671 3**COVER LETTER**

TO: Amendment Section
Division of Corporations

SUBJECT: EMPLOYER CHOICE INSURANCE COMPANY, INC.
Name of Corporation

DOCUMENT NUMBER: P09000032477

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:

Sarah Sneath
Name of Contact Person

Adventist Health System
Firm/Company

900 Hope Way
Address

Altamonte Springs, Florida 32714
City/State and Zip Code

Sarah.sneath@ahss.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah Sneath at (407) 975-1494
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

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**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: EMPLOYER CHOICE INSURANCE COMPANY, INC.
2. The principal office address: 602 COURTLAND AVE, STE 161, ORLANDO FL 32804
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 04/09/2009 Document number: P09000032477

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)

Jeff Bromme111 N. Orlando AvenueWinter Park, FL 32789

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

Jeff Bromme900 Hope WayP.O. Box NOT acceptableAltamonte Springs, FL 32714

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.

Ariel De Prada
Signature of an officer or director

Ariel De Prada, Assistant Secretary
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

Date

If signing on behalf of an entity:

Typed or Printed Name

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*** 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 (8/05)