(Requestor's Name)
1270 Sunny Mecade SV.
- Jacksmille, Fl 32211_
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## SVATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
	nge is submitted for a corporation organized under the laws of the State of <b>Florida</b> r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: Club Heart INC.
2. The principal	office address: 1870 Sunny Meade Dr.
<del></del>	Jackson valle, Fl 32211
3. The mailing ac	ddress (if different):
4. Date of incorp	oration/qualification: Aug 21, 2009 Document number: P09800070589
	street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)
	50 North Laura ST RESIGNED
	So North Laura ST RESIGNED Suite 2750
	Jackson Ville, Fl 32202
6. The name and (if changed):	Street address of the new registered agent (if changed) and /or registered office  ROBERT BRICKMAN  1370 Sonoy Meade Dr.  Tackeson ille, Fl. 3221/  P.O. Box NOT acceptable
The street addre	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
12	Robert Brickness  Frinted or typed name and title
I hereby accept to I further agree to performance of agent. Or, if thi,	the appointment as registered agent and agree to act in this capacity. O comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered s document is being filed merely to reflect a change in the registered office address, I hat the corporation has been notified in writing of this change.
1002	ature of Registered Agent Date
If signing on beh	
Kobert 1	BVILLANCE 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)