

P110000004086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

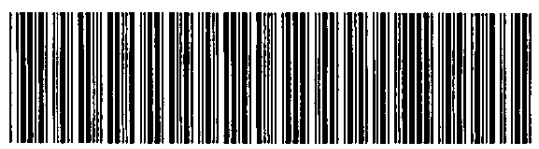
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

*00789, 00524, 00671

DR
10/7/13

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HEALTH PLANS OF FLORIDA, INC.
Name of Corporation

DOCUMENT NUMBER: P11000004086

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:

LARRY E. JONES
Name of Contact Person

HEALTH PLANS OF FLORIDA, INC.
Firm/Company

1101 N. LAKE DESTINY DR., SUITE 300
Address

MAITLAND, FL 32751
City/State and Zip Code

LJONES@hpoofflorida.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LARRY E. JONES at (407) 475-9213
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 13, 2013

Larry E. Jones
Health Plans of Florida Inc
1101 N. Lake Destiny Dr, Suite 300
Maitland, FL 32751

SUBJECT: HEALTH PLANS OF FLORIDA, INC.
Ref. Number: P11000004086

We have received your document for HEALTH PLANS OF FLORIDA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please fill in the top part of the registered agent change form. Please include the name of the corporation and fill in sections 1,2,3,4 & 5.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

Letter Number: 513A00021564

RECEIVED
13 OCT -2 PM 12:16
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

27/13
SORRY FOR THE
OVERSIGHT!

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: HEALTH PLANS OF FLORIDA, INC.
2. The principal office address: 1101 N. LAKE DESTINY DR, # 300
MAITLAND, FL 32751
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 1/12/2011 Document number: P11000004086
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)

RESIGNED - DINA MCKENNA
1101 N. LAKE DESTINY DR. #300
MAITLAND, FL 32751

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

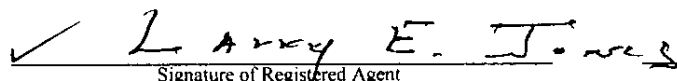
LARRY E. JONES
1101 N. LAKE DESTINY DR., # 300
P.O. Box NOT acceptable
MAITLAND, FL 32751

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

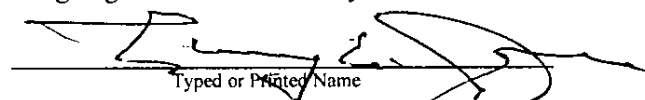
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

 LARRY E. JONES, CEO
Signature of an officer or director 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.

 8-28-13
Signature of Registered Agent Date

If signing on behalf of an entity:


Typed or Printed Name

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