P110000011889

(Re	questor's Name)				
(Ad	dress)				
bA)	dress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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TO:	Amendment Section Division of Corpor	n ations		
SUBJ	ЕСТ:	Cruz Healtho	care Corp	
DOCU	JMENT NUMBER:	P11	000071889	
The en	closed Statement of	Change of Registered Offic	ce/Agent and fee are sub	mitted for filing.
Please	return all correspond	lence concerning this matte	er to the following:	
			;	
			n Cruz	
		Name of Co	ontact Person	
		Cruz Healt	thcare Corp	
		Firm/C	ompany	
		275 Fontainebleau E		D
		Ado	dress	
		Miami, F	FL 33172 and Zip Code	
		Ongrosale a	and Zip Code	
	E mail	vcruz@cruzhe		difference \
	E-man	address: (to be used for	iuturo annuai report no	ouncation)
For fu	ther information con	cerning this matter, please	call:	
	Vivia	n Cruz	at (305)	864 7231
	Name of Co	ntact Person	Area Code & Da	ytime Telephone Number
Enclos	ed is a \$35.00 check	made payable to the Depar	tment of State.	
	Di [.] P.C	niling Address: nendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Clifton Buil	Section Corporations ding tive Center Circle

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this cange is submitted for a corporation organized under the laws of the State of Florida ler to change its registered office or registered agent, or both, in the State of Florida.	
	the corporation: Cruz Healthcare Corp	
	office address: 275 Fontainebleau Blvd. Suite # 225 C-D	
	address (if different): same as above	
4. Date of incor	rporation/qualification: 08/05/2011 Document number: P11000071889	_
	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	
	Vivian Cruz	
	5005 Collins Ave #1009	
	Miami Beach, FL. US 33140	_
6. The name and (if changed):	Miami Beach, FL. US 33140 Indicated address of the new registered agent (if changed) and /or registered office Vivian Cruz 275 Fontainebleau Blvd. Suite # 225 C-D P.O. Box NOT acceptable Miami, FL 33172	1000 TO
	Vivian Cruz	Se
	275 Fontainebleau Blvd. Suite # 225 C-D	Ç
	P.O. Box NOT acceptable	
	Miami, FL 33172	
The street addr as changed wil	ress of its registered office and the street address of the business office of its registered agent, Il be identical.	
Such change wauthorized by t	vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
Signatu	Vivian Cruz, President Printed or typed name and title	
I hereby accept I further agree of my duties, ar document is be corporation ha	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this sing filed merely to reflect a change in the registered office address, I hereby confirm that the is been notified in writing of this change.	
	9/15/11	
`	gnature of Registered Agent Date	
If signing on be	ehalf of an entity:	
Т	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 (8/05)