7/1000073855

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(City/State/Zip/Phone #)	*
(Business Entity Name) (Document Number)	01/2
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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: US Discount Health Plan Inc Name of Corporation			
Name of Corporation DOCUMENT NUMBER: P11000073855			
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:			
Bob Waldorf			
Name of Contact Person			
Firm/Company			
PO Box 530835			
St. Petersburg, Florida 33747			
City/State and Zip Code			
usdhplan@gmail.com			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Bob Waldorf ,, 386 , 256-0000			
Bob Waldorf Name of Contact Person at (386) 256-0000 Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address: Amendment Section Street Address: Amendment Section			
Amendment Section Amendment Section Division of Corporations Division of Corporations			
P.O. Box 6327 Clifton Building			

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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

statement of cha	provisions of sections 607.0502, 617.050 ange is submitted for a corporation organ er to change its registered office or registe	nized under the laws of the State of	Florida
	the corporation: US Discount Heal		107 IUU,
2. The principal	office address: 5702 Gulfport Bou Florida 33707	levard Suite 6	
	address (if different): PO Box 53083 ersburg, Florida 33747	5	
4. Date of incorp	poration/qualification: 8/18/2011	Document number: P1100	0073855
5. The name and	d street address of the current registered a rtment of State: (If resigned, enter resigne	gent and registered office on file w	
	Robert Waldorf		
	609 N. 17-92 #102A		The comment
	Debary, Florida 32713		13 SE TALL
6. The name and (if changed):	d street address of the new registered ager	nt (if changed) and /or registered of	JAN 21 CRETAR AHASS
	5702 Gulfport Boulevard		CEO.
	Suite #6	<u> </u>	AH 8:
	P.O. Box NOT Gulfport, Florida 33707	acceptable	0 7.4
The street address changed will	ess of its registered office and the street is be identical.	address of the business office of it	s registered agent,
Such change was authorized by to	as authorized by resolution duly adopted he board, or the corporation has been not	by its board of directors or by an lifted in writing of the change.	officer so
	ire of an other or director	Robert Waldorf	
I hereby accept I further agree to performance of agent. Or, if the	the appointment as registered agent and to comply with the provisions of all state my duties, and I am familiar with and a is document is being filed merely to refle that the corporation has been notified in		plete as registered
	Mitto	1-24-2013	
If signing on be	chalf of an entity:	Date	
Ty	yped or Printed Name		

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