

P11000091782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

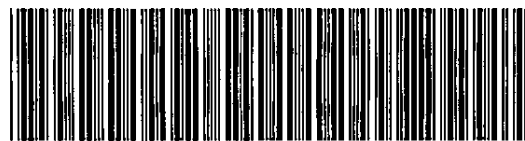
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800293056638

12/09/16--01006--016 **35.00

2016 DEC -9 AM 8:31
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DEC 13 2016

C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Community Health Providers

Name of Corporation

DOCUMENT NUMBER: P11000091782

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:

Plinio Gonzalez

Name of Contact Person

Firm/Company

1901 SW 1st Street - 2nd Floor

Address

Miami, FL 33135

City/State and Zip Code

plinio_gonzalez@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Plinio Gonzalez

Name of Contact Person

at (786) 277-1307

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

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

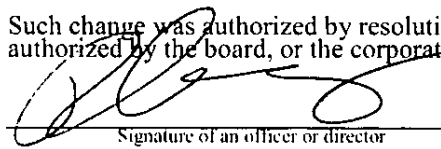
Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Community Health Providers, Inc.
2. The principal office address: 1901 SW 1st Street - 2nd Floor
Miami, FL 33135
3. The mailing address (if different): P.O. Box 565937
Miami, FL 33256
4. Date of incorporation/qualification: 10/19/2011 Document number: P11000091782
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)
Plinio Gonzalez
4445 W 16th Ave, 300
Miami, FL 33012
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Plinio Gonzalez
7991 SW 122nd Street
P.O. Box NOT acceptable
Pinecrest, FL 33156

2016 DEC -9 AM 8:31
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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.

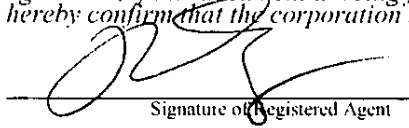


Signature of an officer or director

Plinio Gonzalez

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

12/5/16

Date

If signing on behalf of an entity:

Plinio Gonzalez

Typed or Printed Name

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