

Division of Corporations

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : AGENTS AND CORPORATIONS, INC
Account Number : I20010000112
Phone : (302) 575-0875
Fax Number : (302) 575-1642

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TALLAHASSEE, FLORIDA

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**REGISTERED AGENT CHANGE
COCENTRIX, INC.**

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

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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: COCENTRIX, INC.
2. The principal office address: 540 North Tamiami Trail, Sarasota, FL 34236
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/28/11 Document number: P11000101868
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)
UNICARE SYSTEMS, INC.
540 NORTH TAMIAMI TRAIL
SARASOTA, FL 34236
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
AGENTS AND CORPORATIONS, INC.
300 FIFTH AVENUE SOUTH, SUITE 101-330
P.O. Box NOT acceptable
NAPLES, FL 34102

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.

Leigh Orlov
Signature of an officer or director

Leigh Orlov, President

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.

By: John L. Williams
Signature of Registered Agent
Vice President

12/28/11
Date

Is signing on behalf of an entity:

John L. Williams, Vice President
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
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