## P120000 85831

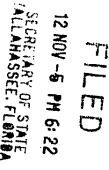
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Better Health Care Management Inc.  Name of Corporation  POCLIMENT NUMBER: \$12000085831
DOCUMENT NUMBER.
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:
Jason Bishop  Name of Contact Person
Better Healthlare Management Inc
7286 NW 127 th Way
Parkland FL 33076  City/State and Zip Code
Park and FL 33076  City/State and Zip Code  Amy E. Recruiter @ 9 mail. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Amy Elsenberg at (954), 473 - 4008  Name of Contact Person at (954), 473 - 4008  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 \( \frac{\infty}{\infty} \) in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Better Healtheare Management Inc.
2. The principal office address: 7286 NW 127 th Way  Parkland, FL 33076
3. The mailing address (if different):
4. Date of incorporation/qualification: 10/9//2 Document number: P120008583/
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)
Jason Bishop  19201 W. Sunrise Blud Svite 208  Sunrise, FL 33323
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  \[ \begin{align*} \textsup \frac{\text{OSON}}{\text{OSNOT}} \frac{\text{OSNOT}}{\text{OSNOT}} \text{Acceptable} \\ \text{Po. Box NOT acceptable} \\ \te
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 exporation has been notified in writing of the change.    Jason Bishop Active 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.
If signing on behalf of an entity:  Son Bishof  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 (03/12)