Division of Corporations
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Bmail Address:

RËGISTERED AGENT CHANGE HEALTH INSURANCE FOR ALL, INC.

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September 14, 2017

FLORIDA DEPARTMENT OF STATE

Division of Corporations

INC BEALTH INSURANCE FOR ALL, 3303 WEST COMMERCIAL BLVD. STE 190 FT LAUDERDALE, FL 33309US

SUBJECT: HEALTH INSURANCE FOR ALL, INC.

REF: P13000052592

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

If you have any questions doncerning the filing of your document, please calī (850) 245-6050.

Irene Albritton Regulatory Specialist II FAX Aud. #: B17000242260 Letter Number: 917A00018699

P.O BOX 6327 - Tailahassee, Florida 32314

H17000227310 STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

,	
1. The name of the corporation	is: Health Insurance For All, Inc.
	3303 WEST COMMERCIAL BLVD. SUITE
FT LAUDERDALE FL 33	309
3. The mailing address (if differ	ent): 3303 WEST COMMERCIAL BLVD. SUITE 190
FT LAUDERDALE FL 33	309
4. Date of incorporation/qualific	pation: 6/17/2013 Document Number: P13000052592
The name and street address Florida Department of State:	of the current registered agent and registered office on file with the
Corporate Creati-	
1201 HAYS	
6. The name and street address (if changed):	of the new registered agent (if changed) and for registered office
ERIC NICH	DLSBERG
3303 WEST COMMERC	AL BLVD. STE 190
FT LAUDERDALE	
agent, as changed will be ident	ered office and the street address of the business office of its registered cal.
Such change was authorized by the board, or the	by resolution duly adopted by its board of directors or by an officer so corporation has been notified in writing of the change.
Tann	by Taylor Page as Attorney-in-Fact (Printed or Typed name and title)
(Signature of an officer or	11
I further agree to comply wi performance of my duties, and agent. Or, if this document is	if as registered agent and agree to act in this capacity. If the provisions of all statutes relative to the proper and complete from familiar with and accept the obligation of my position as registered being filed merely to reflect a change in the registered office address, I ation has been notified in writing of this change.
Iwn	09/13/2017
(Signature of Registered A	11
If signing on behalf of an entity	
(Typed or Printed Name)	<u>ac+</u>
Mak Mail to: Divis	CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE SION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
Corporate Creations Interna	tional Inc.
11380 Prosperity Farms Ro	ad #221E
Palm Beach Gardens FL 33 (561) 694-8107	3410