P14000036538

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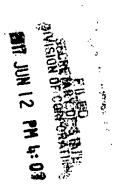




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JUN 1 4 2017 C MCNAIR

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: The Hand Ver Bar Name of Corporation
DOCUMENT NUMBER: P14 00003 6538
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:
When Smith MP Name of Contact Person We Hand Ver Bar Him/Company 440.1 W Kennedy Bavd Ste 100 Address City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-man address. (to be disea for fature annual report notification)
For further information concerning this matter, please call:
Dr. Unuru Smith MD at (713) 804 8315 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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: The Harcy Ver Bar
2. The principal office address: 4401 W Kennedy Bave Ste 100
3. The mailing address (if different):
4. Date of incorporation/qualification: 423 2014 Document number: P14 000036538
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)
Dr Whuni Smith MD UHURU SMITH MD
10717 Rockledge View 12
Flyen 1ew FL 33579
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Dr Whun Smith MD
Dr Uhuni Smith MD 5 336
10717 Pockledge View Dr P.O. Box Not acceptable
Prvenew Pr 33577
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.
Lesmin usin mD
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 Signature of Registered Agent
If signing on behalf of an entity:
Typed or Printed Name

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