

P14000101726

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 16 2016

J. LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Solis Health Care Plans, Inc.
Name of Corporation

DOCUMENT NUMBER: P14000101726

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:

Jim Burleson, Esq.

Name of Contact Person

Meenan P.A.

Firm/Company

P.O. Box 11427

Address

Tallahassee, Florida 32302-1247

City/State and Zip Code

jim@meenanlawfirm.com

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

For further information concerning this matter, please call:

Jim Burleson

Name of Contact Person

at (850) 425-4000

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: Solis Health Care Plans, Inc.
2. The principal office address: 2112 West 68th Street, Hialeah, Florida 33016
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/24/14 Document number: P14000101726
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)

Greg St. John

700 South Federal Highway, Suite 200

Boca Raton, Florida 33432

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Timothy J. Meenan

325 West College Avenue

P.O. Box NOT acceptable

Tallahassee, Florida 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

Douglas M. Cook
Signature of an officer or director

Douglas M. Cook
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.

Timothy J. Meenan
Signature of Registered Agent

2/15/16
Date

If signing on behalf of an entity:

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)