

P1500020293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL 32310

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SEP 13 2016
R. WHITE



3050 Biscayne Blvd Suite 302 Miami, FL 33137

Phone: (305)912-0085

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Email: JL@jacklevinecpa.com

Web: www.jacklevinecpa.com

August 24, 2016

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CERTIFIED MAIL#
7015064069364706

Re: Articles of Amendment

Dear Sir or Madam:

Enclosed please find an Articles of Amendment for **Healthcare Business Institute, Inc.**
Also enclosed is check #11585 in the amount of \$35.00 for the processing fee. Please
stamp and return a copy in the enclosed self-addressed envelope.

Thanking you in advance for your cooperation.

Sincerely,

Jack Levine, CPA

JACK LEVINE, PA, CPA'S
CERTIFIED PUBLIC ACCOUNTANTS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Healthcare Business Institute, Inc
Name of Corporation

DOCUMENT NUMBER: P15000020293

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:

Mark Delahunty

Name of Contact Person

Healthcare Business Institute, Inc

Firm/Company

3800 Galt Ocean Drive, Apt 606

Address

Fort Lauderdale, FL 33308

City/State and Zip Code

jl@jacklevinecpa.com

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

For further information concerning this matter, please call:

Mark Delahunty

Name of Contact Person

at (305) 395-8112

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: Healthcare Business Institute, Inc
2. The principal office address: 3800 Galt Ocean Drive Apt 606 Forth Lauderdale, FL 33308
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/02/2015 Document number: P1000020293
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)

Jack Levine, PA

1201 Hays Street

Tallahassee, FL 32301

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

Jack Levine, PA

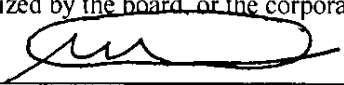
3050 Biscayne Blvd Ste 302

P.O. Box NOT acceptable

Miami, FL 33137

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.


Signature of an officer or director

Mark Delahunty, 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.


Signature of Registered Agent

8/24/16
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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA