

P15000066992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

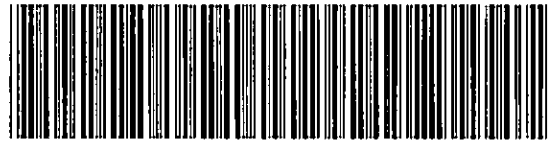
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OHR PARTNERS SOLUTIONS INC.
Name of Corporation

DOCUMENT NUMBER: P15000066992

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:

Paul A. Price
Name of Contact Person
Sunatco Medical Corporation
Firm/Company
One Alhambra Plaza PH Floor
Address
Coral Gables Florida 33134
City/State and Zip Code
1@paulprice.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul Price at (786) 693-0822
Name of Contact Person 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: OHR PARTNERS SOLUTIONS INC.
2. The principal office address: 3030 MURANO BAY DRIVE
BOYNTON BEACH, FL 33435 US
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 08/10/2015 Document number: P15000066992

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)

SCORNAIENCHI, ALESSANDRA

3030 MURANO BAY DRIVE

BOYNTON BEACH, FL 33435 US

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

SCORNAIENCHI, ALESSANDRA

One Alhambra Plaza PH Floor

P.O. Box NOT acceptable

Coral Gables Florida 33134

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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.

Paul A. Price
Signature of an officer or director

Paul A. Price, Secretary
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]
Signature of Registered Agent

November 9, 2018
Date

If signing on behalf of an entity:

Typed or Printed Name

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