

P/6000028307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

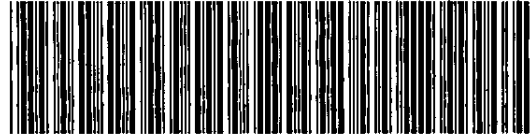
(Business Entity Name)

(Document Number)

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16 MAY -6 PM 2:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 10 2016

A RAMSEY

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Certus Healthcare Management Company  
Name of Corporation

**DOCUMENT NUMBER:** P16000028307

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:

**Carlos Ramirez**

Name of Contact Person

**Certus Healthcare Management Company**

Firm/Company

**1650 Galiano St, # 308**

Address

**Coral Gables, Florida 33134**

City/State and Zip Code

**cram1525@gmail.com**

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

For further information concerning this matter, please call:

**Carlos Ramirez**

Name of Contact Person

**305 215-7854**

at ( ) 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: Certus Healthcare Management Company
2. The principal office address: 1650 Galiano St, #308  
Coral Gables, Florida 33134
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: March 28, 2016 Document number: P16000028307
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)

Resigned      Carlos Ramirez  
1650 Galiano St.    #308  
Coral Gables, FL    33134

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

Maria Cordova-President

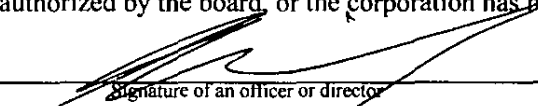
1650 Galiano St, #308

P.O. Box NOT acceptable

Coral Gables, Florida 33134

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

Carlos Ramirez, 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.*

Maria Isabel Cordova  
\_\_\_\_\_  
Signature of Registered Agent

4/29 /2016  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Maria Isabel Cordova  
\_\_\_\_\_  
Typed or Printed Name

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