

7/7/2016 3:15:18 PM From: To: 0506176280()

Division of Corporations

P160000032602

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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RE-SUBMIT

To: Division of Corporations
Fax Number : (850)617-6380

Please retain original filing
date of submission 7/5

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (850)878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**REGISTERED AGENT CHANGE
LIVES MATTER COMMUNITY HEALTH INCORPORATED**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Attn: Cheryl
McNair

16 JUL -5 14 0:19
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

Electronic Filing Menu

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Help

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C McNAIR

7/7/2016 3:15:18 PM From: To: 8506176380(2/4)
850-817-6381 7/7/2016 12:18:38 PM PAGE 1/001 Fax Server



July 7, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LIVES MATTER COMMUNITY HEALTH INCORPORATED
5701 VIRGINIAN ROAD
PHILADELPHIA, PA 19141US

SUBJECT: LIVES MATTER COMMUNITY HEALTH INCORPORATED
REF: P16000032602

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

FAX Aud. #: H16000163120
Letter Number: 016A00014244

RE-SUBMIT

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RECEIVED
16 JUL -7 AM 4:55
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

7/7/2016 3:15:18 PM From: To: 8506176380(3/4)

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LIVES MATTER COMMUNITY HEALTH INCORPORATED
Name of Corporation

DOCUMENT NUMBER: P16000032602

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:

Name of Contact Person
C T Corporation System
Firm/Company
c/o C T Corporation System, 1200 South Pine Island Road
Address
Plantation, Florida 33324
City/State and Zip Code
christopherclemente@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher Clemente 917 547-9769
Name of Contact Person 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

CR2E045 (03/12)

STATE OF FLORIDA
DIVISION OF CORPORATIONS
16 JUL -5 3:19:20

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: LIVES MATTER COMMUNITY HEALTH INCORPORATED
2. The principal office address: 965 WILLOW CREEK LANE TALLAHASSEE, FL 32301
3. The mailing address (if different): 5701 VIRGINIAN ROAD PHILADELPHIA, P 19141
4. Date of incorporation/qualification: 04/04/2016 Document number: P16000032602
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)

BONILLA, MERSADIES

S 6102 HAYES STREET HOLLYWOOD, FL 33024

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

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.

Anthony M. Esbanks M.D., President Anthony M. Esbanks
Signature of an officer or director 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.

By: C T Corporation System
Carrie Baya
Signature of Registered Agent

7-6-16

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)

16 JUL -5 PM 9:20
DIVISION OF CORPORATIONS