Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:	Division of Corporations Fax Number : (850)617-6380 Please retain original file
	Fax Number : (850)617-6380
From:	Account Name : C T CORPORATION CASE Of SUDMISSION 7/5 Phone : (850) 205-8842 Fax Number : (850) 878-5368

REGISTERED AGENT CHANGE LIVES MATTER COMMUNITY HEALTH INCORPORATED

Certificate of Status	0
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Attn: Cherof

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7/7/2016 3:15:18 PM From: To: 8506176380(2/4)

850-617-6381

7/7/2016 12:18:38 PM PAGE 1/001 Fax Server



July 7, 2016

FLORIDA DEPARTMENT OF STATE

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

SUBJECT: LIVES MATTER COMMUNITY HEALTH INCORPORATED

REF: P16000032602

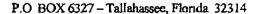
We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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* Please retain original filing date of submission 7/5



COVER LETTER

5:18 PM From: To: 8506176380(3/4)	
COVER LETTER	Soll Six C. P.
TO: Amendment Section Division of Corporations	
LIVES MATTER COMMUNITY HEALTH INCORPORATED	3
Name of Corporation	
P16000032602 DOCUMENT NUMBER:	
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	
christopherelemente@aol.com	
E-mail address: (to be used for future annual report notification)	
or further information concerning this matter, please call:	
Christopher Clemente 917 547-9769	

Enclosed is a \$35.00 check made payable to the Department of State.

Name of Contact Person

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahossee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Area Code & Daytime Telephone Number

CR2E045 (03/12)

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

CR2E045 (03/12)

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 61 statement of change is submitted for a corporation organized under the law	s 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 IS	NCORPORATED
2. The principal office address:	to a superior to the superior
965 WILLOW CREEK LANE TALLAHASSEE, FL 32301	
3. The mailing address (if different): 5701 VIRGINIAN ROAD PHILADELPI	IIA, P 19141
4. Date of incorporation/qualification: 04/04/2016 Document no	umber: P16000032602
5. The name and street address of the current registered agent and registered Florida Department of State: (If resigned, enter resigned)	office on file with the
BONILLA, MERSADIES	
S 6102 HAYES STREET HOLLYWOOD, FL 33024	A C C COLORES CONTRACTOR CONTRACT
	*
6. The name and street address of the new registered agent (if changed) and (if changed):	/or registered office
C T Corporation System	ن
c/o C T Corporation System, 1200 South Pine Island Road	
P.O. Box NOT acceptable	. 25
Plantation, Florida 33324	
The street address of its registered office and the street address of the business changed will be identical.	ness office of its registered agent,
Such change was authorized by resolution duly adopted by its board of dinauthorized by the board, or the corporation has been notified in writing of	
Signature is an ornicer or discourse	M. Estanks
I hereby accept the appointment as registered agent and agree to act in the I further agree to comply with the provisions of all statutes relative to the performance of my duties, and I art familiar with and accept the obligation agent. Or, if this document is being filed merely to reflect a change in the hereby confirm that the corporation has been notified in writing of this cha	is capacity, proper and complete of my position as registered registered office address, I unge.
By: 7-6-16	
Signature of Registered Agaregi	Date
If signing on behalf of an entity:	
Typed or Printed Name	
* * * FILING FEE: \$35.00 * * *	
MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALL	