

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : INCORP SERVICES INC  
Account Number : 120120000007  
Phone : (702) 866-2500  
Fax Number : (702) 866-2689

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

Email Address: managedreports@incorp.com

RECEIVED

2018 NOV -6 AM 7:55

SECRETARY OF STATE  
TALLAHASSEE, FL

REGISTERED AGENT CHANGE  
SUNSHINE DIALYSIS CARE CENTERS, INC.

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

SECRETARY OF STATE  
TALLAHASSEE, FL

2018 NOV -6 AM 9:36

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: SUNSHINE DIALYSIS CARE CENTERS, INC.  
Name of Corporation

DOCUMENT NUMBER: P16000065896

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:

Courtney Thomas  
Name of Contact Person

InCorp Services, Inc.  
Firm/Company

3773 Howard Hughes Pkwy. Suite 500s  
Address

Las Vegas, NV 89169-8014  
City/State and Zip Code

managedreports@incorp.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Courtney Thomas on behalf of InCorp Services, Inc. at ( ) 702-868-2500  
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: SUNSHINE DIALYSIS CARE CENTERS, INC.
2. The principal office address: 2900 Broadway Suite 3004  
Riviera Beach, FL 33404
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 08/09/2016 Document number: P16000065896

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)

LOMIDZE, SHOTA

1261 Nw 27Th Ave

Pompano Beach, FL 33069

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

InCorp Services, Inc.

17888 67th Court North

P.O. Box NOT acceptable

Loxahatchee, FL 33470

CLERK OF STATE  
TALLAHASSEE, FL

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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.

  
Signature of an officer or director

Simranjit Singh, 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

October 10, 2018

Date

If signing on behalf of an entity:

Courtney Thomas on behalf of InCorp Services, Inc.

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  
CR2F045 (03/12)