## P140000000409

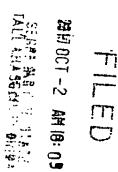
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Office Use Only



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## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: HOSPITAL CORPORATIO	N OF ORISSA, INC.		
Name of Co	*		
DOCUMENT NUMBER: P1600008040	)9		
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:		
Char Jackson			
Name of Cont	act Person		
Wolz Corporate U	SA		
Firm/Cor	npany		
36 S 18th Ave, Suit	te D		
Addre	255		
Brighton, CO 8060	)1		
City/State and	I Zip Code		
Compliance @ gouldratner- com  E-mail address: (to be used for future annual report notification)			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please of	all:		
Char Jackson	at (303 )655-9659 Area Code & Daytime Telephone Number		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Departi	nent 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)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida are to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: HOSPITAL CORPORATION OF ORISSA, INC.
2. The principal	office address: 19755 TESORO WAY, FORT MYERS, FL 33967
3. The mailing a	address (if different): 1424 BRANDY CIRCLE, NAPERVILLE, IL 60540
4. Date of incorp	poration/qualification: 9/30/2016 Document number: P16000080409
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	NRAI Sernies, Inc.
	1200 SOUTH PINE ISLAND ROAD
	PLANTATION, FL 33324
6. The name and (if changed):	PLANTATION, FL 33324  d street address of the new registered agent (if changed) and /or registered office
	Universal Registered Agents Inc. 1867
	3458 Lakeshore Drive  P.O. Box NOT acceptable
	P.O. Box NOT acceptable Tallahassee, FL 32312
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, l be identical.
Such change we authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
Signatu	Lee Anup K. Behera, President  Printed or typed name and title
I furthér agrée performance of agent Or. if th	t the appointment as registered agent and agree to act in this capacity.  to comply with the provisions of all statutes relative to the proper and complete f my duties, and I am familiar with and accept the obligation of my position as registered nis document is being filed merely to reflect a change in the registered office address. I that the corporation has been notified in writing of this change.
	gnature of Registered Agent Date
	chalf of an entity:
Michael Mirrior	ne
7	Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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\* \* \* FILING FEE: \$35.00 \* \* \*