

04/19/2018 10:00:51 PM FAX 2001/003
Division of Corporations Page 1 of 2

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : INCORP SERVICES INC
Account Number : I20120000007
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

REGISTERED AGENT CHANGE

SUNSHINE DIALYSIS CARE CENTERS OF BELLE GLADE, INC.

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

18 APR 19 AM 7:29

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COVER LETTER

TO: Amendment Section
Division of Corporations

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

DOCUMENT NUMBER: P17000054747

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 500a
Address

Las Vegas, NV 89169-6014
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 () 702-866-2500
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, 517.0502, 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 OF BELLE GLADE, INC.
2. The principal office address: 73 DR. MARTIN LUTHER KING BLVD EAST
Belle Glade, FL 33430
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/23/2017 Document number: P17000054747
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

1201 Nw 27Th Avenue

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 87th Court North

P.O. Box NOT acceptable

Loxahatchee, FL 33470

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

Simranjeet 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

April 13, 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
CR28045 (03/12)

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TALLAHASSEE, FLORIDA