

P1800000714533

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.
Account Number : I20160000048
Phone : (800)345-4647
Fax Number : (800)432-3622

****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
SOH OF FLORIDA, PA**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

2020 MAR 19 AH 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: SOH OF FLORIDA, PA
2. The principal office address: 610 N HILLS AVE STE 200 ORLANDO, FL 32803
3. The mailing address (if different): 1422 ELBRIDGE PAYNE RD STE 240
CHESTERFIELD, MO 63017
4. Date of incorporation/qualification: 9/11/2018 Document number: P18000076533
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)

GANESSINGH, VARSHA610 N HILLS AVE STE 200Street AddressORLANDOFL32803CityStateZip Code

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

Capitol Corporate Services, Inc.615 East Park Avenue 2nd FlStreet AddressP.O. Box NOT acceptableTallahasseeFL32301CityStateZip Code

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] President
Signature of 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. On this document is being filed merely to reflect a change in the registered office address. I hereby affirm that the corporation has been notified in writing of this change.

[Signature] 2/11/2020
Signature of Registered Agent Date

If signing on behalf of an entity:

Jason Fischer, Asst. Secretary on behalf of Capitol Corporate Services, Inc.
Signed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6337, TALLAHASSEE, FL 32314
 CR22043 (03/12)

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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