

P190000 20237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FIVE STAR HEALTH SOLUTIONS CO
Name of Corporation

DOCUMENT NUMBER: P19000020237

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:

ROSDANYS MARIN DAMAS

Name of Contact Person

FIVE STAR HEALTH SOLUTIONS

Firm/Company

12661 MAGNOLIA CT

Address

CORAL SPRING FL 33071

City/State and Zip Code

ROSDASOFIA2016@GMAIL.COM ✓

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROSDANY MARIN DAMAS at 786 930-5199
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: FIVE STAR HEALTH SOLUTIONS CORP
2. The principal office address: 12661 MAGNOLIA CT CORAL SPRING, FL 33071
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 03/02/2019 Document number: P19000020237

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)

ROSDANYS MARIN

12661 MAGNOLIA CT

CORAL SPRING, FL 33071

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

ROSDANYS MARIN DAMAS


12661 MAGNOLIA CT

P.O. Box NOT acceptable

CORAL SPRING, FL 33071

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

ROSDANYS MARIN DAMAS P

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

03/14/2019

Date

If signing on behalf of an entity:

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