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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)289-3338 : (614)573-3996

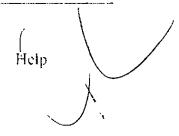
\*\*Enter the email address for this business entity to be used for future. annual report mailings. Enter only one email address please.\*\*

Email	Address:	
		· · · ·

## REGISTERED AGENT CHANGE ARMOR CORRECTIONAL HEALTHCARE HOLDINGS, INC.

Certificate of Status	0
Certified Copy	1
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Estimated Charge	S43.75

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S ف To:

## 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
in order to change its registered office or registered agent, or both, in the State of Florida.
ARMOR CORRECTIONAL HEALTHCARE HOLDINGS, INC.
1. The name of the corporation: Armor correct, on at Hearth Holdings in
2. The principal office address: 4960 CW 72.nd Ave, Cuite 400
miami, ft 33156
3. The mailing address (if different):
4. Date of incorporation/qualification: 10 28 209 Document number: P19000084120
<ol> <li>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)</li> </ol>
Brent D KAN
3850 BIRD 120 # 602
mami fr 33146
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
C T Corporation System
1200 South Pine Island Road
F.O Box NOT acceptable
Plantation, Florida 33324
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.
Kelly Huerta  Kelly Huerta
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.
CT Corporation System Conise Bell 1/22/2024
Signature of Registered Agent Date
If signing on behalf of an entity:
Denise Beil
Typed or Pressed Name
* * * FILING FEE: \$35.00 * * *
MAKE CHECKS PAYABLE TO FLORIDA DIPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

FL006 - 06/19/2020 Wolkers (Clavery Chillies

CR2E045 (04/13)

By: