

To:

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2024-01-23 05:44:00 PST

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From: Kaity Toon

P19 000084120

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

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Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
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REGISTERED AGENT CHANGE
ARMOR CORRECTIONAL HEALTHCARE HOLDINGS, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$43.75

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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 _____ 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 CORRECTIONAL HEALTHCARE HOLDINGS INC
2. The principal office address: 4960 SW 72nd Ave, Suite 400
Miami, FL 33155
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10-28-2019 Document number: P19000084120
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)

Brent D. Khan
3850 Birch Rd #602
Miami, FL 33140

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

CT Corporation System
1300 South Pine Island Road
Plantation, Florida 33324

P.O. Box NOT acceptable

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]
Signature of an officer or director

Kelly Huerta
Printed or typed name and title

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

By:

Denise Bell
Signature of Registered Agent

1/22/2024

Date

If signing on behalf of an entity:

Denise Bell

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
CR26045 (04/13)