

PR0000011633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

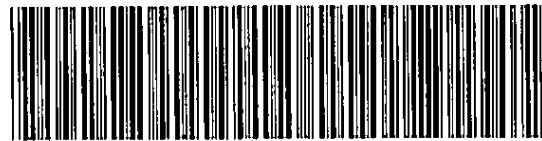
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FEB 19 2021

ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: UNA HEALTH INC
Name of Corporation

DOCUMENT NUMBER: P20000011633

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:

Ronald Gonzalez

Name of Contact Person

UNA HEALTH INC

Firm/Company

5696 SNOW HILL DR

Address

SUMMERFIELD, NC 27358

City/State and Zip Code

ron@unahealth.co

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

For further information concerning this matter, please call:

Ronald Gonzalez

Name of Contact Person

at (336) 848-4732

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 24, 2021

RONALD GONZALEZ
5696 SNOW HILL DR
SUMMERFIELD, NC 27358

SUBJECT: UNA HEALTH INC.
Ref. Number: P20000011633

We have received your document for UNA HEALTH INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 521A00001590

**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: UNA HEALTH INC

2. The principal office address: 5696 SNOW HILL DR, SUMMERFIELD NC 27358

3. The mailing address (if different): _____

4. Date of incorporation/qualification: FEB 03, 2020 Document number: P20000011633

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)

RICHARD BENVENUTO (RESIGNED)

8680 LAKESIDE BND

PARKLAND, FL 33076

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

REGISTERED AGENTS INC

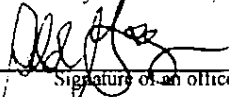
7901 4th St N, STE 300

P.O. Box NOT acceptable

St. Petersburg , FL 33702

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

RONALD GONZALEZ CEO

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

DEC 01, 2020

Date

If signing on behalf of an entity:

Bill Havre

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
CR2E045 (04/13)