

P220000019607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

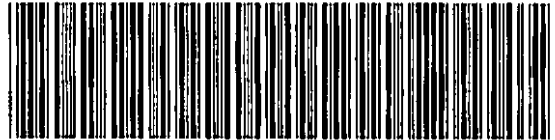
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TALLAHASSEE, FLORIDA

COVER LETTER

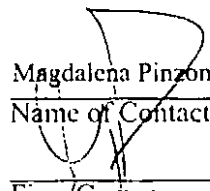
TO: Amendment Section
Division of Corporations

SUBJECT: AMERICAN INSTITUTE OF HEALTHCARE INNOVATION AND SERVICES IN
Name of Corporation

DOCUMENT NUMBER: P22000019607

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:


Magdalena Pinzon

Name of Contact Person

Firm/Company

2531 Squaw Creek

Address

Clermont, FL. US 34711

City/State and Zip Code

magdalena.pinzonp@gmail.com

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

For further information concerning this matter, please call:

Magdalena Pinzon

Name of Contact Person

at (954

) 7010955

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

**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: AMERICAN INSTITUTE OF HEALTHCARE INNOVATION AND SERVICES
2. The principal office address: 2531 Squaw Creek
Clermont, FL. US 34711
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/01/2022 Document number: P22000019607
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)

UNITED STATES CORPORATION AGENTS INC.

5575 S. SEMORAN BLVD

SUITE 36 ORLANDO ,FL 32822

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

Posada, German

3946 Pine Gate Trail

P.O. Box NOT acceptable

Orlando, FL 32824

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SECRETARY OF STATE
TALLAHASSEE, FL 32314

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

Magdalena Pinzon

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

03/17/22
Date

If signing on behalf of an entity:

German Posada

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