P95000055132

FOUR LEAF CLOVER, INC. A Nat'l Diabetic Provider 3280 Hwy 69 Suite 11 Hayesville, NC 28904			
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Do	cument Number)	· · · ·	
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		

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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 6, 2013

FOUR LEAF CLOVER, INC. PO BOX 1007 HAYESVILLE, NC 28904-1007 2ND ML

SUBJECT: FOUR LEAF CLOVER, INC.

Ref. Number: P95000055132

We have received your document for FOUR LEAF CLOVER, 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 designation of the registered agent must be at a Florida street address.

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.

Teresa Brown Regulatory Specialist II

Letter Number: 413A00013002

STALMENT 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.	
1. The name of the corporation: Four Leaf Clover, Inc. 5	essent a
2. The principal office address: 50 Church Street \$\frac{1}{27} \frac{1}{27} \frac{1}{27}	1 B
Hayesville nc 28904 85 0	A CANADA
3. The mailing address (if different): P.O. BOX 1007	
Hayesville nc 28904 SS =	_
4. Date of incorporation/qualification: 7914/1995 Document number: 1950003553	2
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)	
Resigned BETHANY	
Resigned TRETHANY TANKE NEW CORY AND RIN ASAP	
AND RIN ASAP	
silf 1.13	
6. The name and street address of the new registered agent (if change,	
2 06 RH	142
-50 Church Street 7040 BERGAM	O WAY
P.O. Pov. NOT appropriate	
Hayesville AC 28404 FT MYERS, FL 3	7966
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	
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 other or director Printed or typed name and title PRESIDER	IT
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	
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.	
I ama and print	
Signature of Registered Agent 5/15/2013 Date	
If signing on hahalf of an entity:	
Typed or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
M'AIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *