

PAV00006021

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2010 SEP 14 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FL

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 385908 7547253

AUTHORIZATION :



COST LIMIT : \$35.00

ORDER DATE : September 13, 2018

ORDER TIME : 4:13 PM

ORDER NO. : 385908-005

CUSTOMER NO: 7547253

CHANGE OF AGENT

NAME: BWTII, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner -- EXT#

EXAMINER: _____

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: BWTII, Inc.
2. The principal office address: dba Advanced Nursing Solutions 220 B PINE AVE. N. OLDSMAR, FL 34677
3. The mailing address (if different): 3333 S. CONGRESS AVE, SUITE 100, DELRAY BEACH, FL 33445
4. Date of incorporation/qualification: 7/18/96 Document number: P96000060324
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)

RANDALL D JOHNSON

4141 ARLINGTON DR

PALM HARBOR

FL 34685

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

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee

FL 32301

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

Derek A. McDowell
Printed or typed name and title Chairman

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.

Corporation Service Company

By: Emily Croft
Signature of Registered Agent

9/12/18
Date

If signing as an entity:

Emily Croft
Asst. Vice President
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 (03/12)

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