## P94000083606

From: SONDRA MCCRORY (850)432-0850 DELTA HEALTH GROUP, INC 2 N. PALAFOX STREET

PENSACOLA, FL, 32501

CR2E031(7/97)

Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. (Corporation Name)	(Document #)
2(Corporation Name)	(Document #)
3(Corporation Name)	(Document #)
4(Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time _ ☐ Mail out ☐ Will wait	Certified Copy  Photocopy  Certificate of Status
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS 10006222991—8 :-07/05/0201051007  Amendment *****35.00 *****35.00  Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS  Annual Report Fictitious Name	REGISTRATION/QUALIFICATIONAL  Foreign Limited Partnership Reinstatement Trademark Other  Commode
ODATA1/GIDG	Examiner's Initials 10 111102

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	he provisions of sections 60% ed corporation organized und			lorida Statutes,		
submits the fo the State of Fl	llowing statement in order to Iorida.	change its regist		zent, or both, in		
1. The name o	of the corporation: Delta Du	rables, Inc.				
2. The mailing	g address of the corporation:	2 North Palafox St	reet, Pensacola, Florida, 325	01		
3. Date of inc	corporation/qualification: 10/7	7/96	Document number: P96	000083606		
4. The name a	and address of the current reg	istered agent and o	office:			
	Scott J. Bell					
	2 North Palafox Street					
	Pensacola, Florida 32501					
5. The name a	and address of the new register (P. C	ered agent (if chan ). Box Not Accept	ged) and/or registered offic able)	e (if changed):		
	Sondra McCrory					
	2 North Palafox Street					
	Pensacola, Florida 32501					
The street adagent, as char	dress of its registered office anged, will be identical.	and the street add	ress of the business office	of its registered		
Such change authorized by	was authorized by resolution the board.	a duly adopted by	its board of directors or by	an officer so		
Hall			6/11/02			
(Signatu	ire of an officer, chairman or vice chair	irman of the board)	(Date)			
Scott J. Be	II, President					
I further devi	(Printed or typed name and t named as registered agent a I hereby accept the appointn ee to comply with the provisi of my duties, and I am famil gent.	and to accept serv ment as registered ions of all statutes	remuve to the brober and	complete		
20	as I'm and	\u	6/11/02			
	(Signature of Registered Agent)	0	(Date)	<del></del>		
If signing on be Sondra M	ehalf of an entity: IcCrory		Corporate Adn	ninistrator 2		
	(Typed or Printed Name)	*****	(Capacity)			
	***F	ILING FEE: \$35	5.00 * * *	RY OF		
CR2E045(9/00)			m			
	DIVISION OF CORPORATIONS	P.O. Box 6327	TALLAHASSEE, FL 3231	I+ 5J TATE ORID,		