XX 729108 Requester's Name From: SONDRA MCCRORY (850)432-0650 DELTA HEALTH GROUP, INC. 2 N. PALAFOX STREET PENSACOLA, FL, 32501 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Document #) (Corporation Name) Certified Copy Pick up time ☐ Walk in Photocopy Certificate of Status ☐ Will wait ☐ Mail out **AMENDMENTS NEW FILINGS** *****35.00 *****35.00 Amendment Profit Resignation of R.A., Officer/Director ■ Not for Profit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/QUALIFICATION OTHER FILINGS Foreign Annual Report Limited Partnership ☐ Fictitious Name Reinstatement Trademark Other

Examiner's Initial

CR2E031(7/97)

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

ine unaersigned corporation organize	ed under the laws of	0502, 607.1508, or 617.1508, Florida Statutes, of the State of Florida registered agent, or both, in	··· /
the State of Florida.	der to change us re	egistered office or registered agent, or both, in	
1. The name of the corporation: Sky	/ler Jackson, Inc.		
		I	- · !
2. The mailing address of the corpora			
and the corporat		ox circet, i erisacola, riorida, 32501	ī
3. Date of incorporation/qualification	: 8/22/97	Document number: P97000072968	•
4. The name and address of the curren			• -
Scott J. Bell	- regressived agent an	ad office.	
	<u> </u>		
2 North Palafox Stree	<u> </u>	<u></u>	-
Pensacola, Florida 3			
5. The name and address of the new re	gistered agent (if cha (P. O. Box Not Acce	hanged) and/or registered office (if changed): ceptable)	=
Sondra McCrory		· · · · · · · · · · · · · · · · · · ·	
2 North Palafox Street	i		
Pensacola, Florida 32	2501	<u>in en proposition de la company</u> de la granda de la company de la compa	9
<u></u>		ddress of the business office of its registered	z + *
Such change was authorized by resolu authorized by the board	tion duly adopted by	by its board of directors or by an officer so	
(Signature of an officer, chairman or vice chairman of the board)		6/11/02	*
Scott J. Bell, President	- and the source	(Date)	
(Printed or typed name a	nd title)		
	nt and to accept serv intment as registered	rvice of process for the above stated ed agent and agree to act in this capacity. es relative to the proper and complete cept the obligation of my position as	
Sondia Micha	NA- (6/11/02	
(Signature of Registered Agent)	8	(Date) ASS ON N	
If signing on behalf of an entity: Sondra McCrory		AH/	-
(Typed or Printed Name)	je s para prosi para (na 1914).	Corporate Administrator	
•		(Capacity)	
	FILING FEE: \$35.	5.00 * * *	
CR2E045(9/00) DIVISION OF CORPORATIONS	P.O. Box 6327	TALLAHASSEE, FL 32314	