V41,859

Requestor's Name

HEATHER L. DOUDNA

Attorney at Law
2536 Countryside Blvd. • Sixth Floor
Clearwater, Florida 33763

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	Clearwater, Florida 33763			Office Use Only	
	COme Camanana		CNT NUMBER(S), (if known):		
	1(Cor	rporation Name)	(Docum	nent #)	
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	3(Cor	rporation Name)	(Досил	nent #)	
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	NEW FILINGS	AMENDMENT	S	# 36F	
	Profit	Amendment			
	NonProfit	Resignation of R.A.,	Officer/Director		
	Limited Liability	Change of Registered	i Agent		
	Domestication	Dissolution/Withdray	wal		
	Other	Merger			
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	OTHER FILINGS	REGISTRAT QUALIFICA			
	Annual Report		IION		
	Fictitious Name	Foreign			
	Name Reservation	Limited Partnership		. 0 0 0	
		Reinstatement		Flohy-	
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Examiner's Initials

Other

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

Pursuant to the provisions of section 607.0502 or 607.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida, submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Ameri-Life and Health Services of Greenville, Inc.

1a. Date of incorporation:

6/5/92

Document Number: V41859

2. The name and address of the current registered agent and office:

HEATHER L. DOUDNA

2536 Countryside Blvd., Sixth Floor

Clearwater, Florida 33763

3. The name and address of the new registered agent and office:

R. Maury Thornton

2536 Countryside Blvd., Sixth Floor

Clearwater, Florida 33763

The street address of its registered agent and the street address of the business office of 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.

Many Thomson

Title:

Date

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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.

Name:

Date