

F19000004614

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

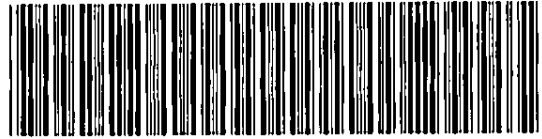
(Business Entity Name)

(Document Number)

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RECEIVED  
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JUL 23 2021

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

ACCOUNT NO. : I20000000195

REFERENCE : 920570 8346249

AUTHORIZATION :

*[Handwritten Signature]*

COST LIMIT : \$ 35.00

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ORDER DATE : July 21, 2021

ORDER TIME : 3:36 PM

ORDER NO. : 920570-057

CUSTOMER NO: 8346249  
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CHANGE OF AGENT

NAME: HOMECARE RX INC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XXX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS: \_\_\_\_\_

**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 NJ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: HEMECARE RX INC
2. The principal office address: 695 US HWY 46 W SUITE 100, FAIRFIELD, NJ 07004
3. The mailing address (if different): PO BOX 2397, SECAUCUS, NJ 07096
4. Date of incorporation/qualification: 09/25/2019 Document number: F19000004614
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)

Business Filings Incorporated  
1200 South Pine Island Road  
Plantation, FL 33324

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  
Tallahassee P.O. Box NOT acceptable 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.

Jill E. Cilmi  
Signature of an officer or director

Jill Cilmi, Vice President  
Printed or typed name and title

*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: Grace E. Kirby  
Signature of Registered Agent

07/22/2021  
Date

If signing on behalf of an entity:  
Grace E. Kirby, Asst. Vice President  
Typed or Printed Name

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