

PO9 000004491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800389434398

06/14/22--01026--006 **35.00

2022 JUN 14 AM 10:40
CUSHING
SEP 01 2022

RA Change

SEP 01 2022

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Specialty Pharmacy Nursing Network, Inc.
Name of Corporation

DOCUMENT NUMBER: P09000004491

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michelle Mazzenga
Name of Contact Person
Specialty Pharmacy Nursing Network, Inc.
Firm/Company
3000 Lakeside Dr., Suite 300N
Address
Bannockburn, IL 60015
City/State and Zip Code
och-corporatefilings@optioncare.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Mazzenga at (312) 940-2528
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2022 JUN 14 AM 10:40
CORPORATION

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: Specialty Pharmacy Nursing Network, Inc.

2. The principal office address: 1626 Barber Rd., Suite B, Sarasota, FL 34240

3. The mailing address (if different): 3000 Lakeside Dr., Suite 300N, Bannockburn, IL 60015

4. Date of incorporation/qualification: 1/15/2009 Document number: P09000004491

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)

CT Corporation System
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):

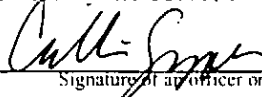
Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

P.O. Box NOT acceptable

2022 JUN 14 10:10 AM
F-11-2022

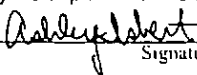
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 of an officer or director

Collin Smyser
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.

By: Corporation Service Company
 Ashley Isbert, Assistant VP
Signature of Registered Agent

5/31/2022
Date

If signing on behalf of an entity:

Corporation Service Company
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