

Division of Corporations Electronic Filing Cover Sheet

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JUL 3 1 2018

Division of Corporations

Fax Number : (850) 517-6380

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023

Account Number: PCA000090023 Phone: (6!4)28n-3338 Fax Number: (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE LIFEWATCH SERVICES INC.



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Electronic Filing Menu

Corporate Filing Menu

Help

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

statement of ch	ange is submitted for a corp	0502, 617.0502, 607.1508, or 617.1508, Florida Statute oration organized under the laws of the State of Delaw.	are
		ffice or registered agent, or both, in the State of Florida Section 1 to 2	1,
	the corporation: LifeWatch S		 -
2. The principa	l office address: 10255 W Hig	ggins Road, Suite 100, Rosemont, IL 50018	
3. The mailing	address (if different):		
4. Date of incor	poration/qualification: 03/17	7/2000 Document number: F00000001471	
	d street address of the curren	nt registered agent and registered office on file with the enter resigned)	
	CORPORATION SERVICE	COMPANY	•
	1201 HAYS STREET		
	TALLAHASSEE, FL 32301	-2525	ALL SE
6. The name and (if changed):		egistered agent (if changed) and /or registered office	30
	C T Corporation System		
	c/o C T Corporation System,	1200 South Pine Island Road	1.0% 1.0% 1.0%
		P.O Box NOT accoptable	38 NE
	Plantation, Florida 33324		•
The street address changed will	ess of its registered office ar be identical.	nd the street address of the business office of its regist	ered agent.
Such change was authorized by the	as authorized by resolution one board, or the corporation	duly adopted by its board of directors or by an officer has been notified in writing of the change.	SO
MIL	Lyd.	Michael Seraphin, Secretary	
Signatu	re of an officer or director	Printed or typed name and title	
ageni. Or. ii ini	is document is being litea m	red agent and agree to act in this capacity as of all statutes relative to the proper and complete r with and accept the obligation of my position as reg erely to reflect a change in the registered office addre en notified in writing of this change.	istered ess, i
Ву: (Са	poration System	03/12/2018	
If signing on bel	half of an entity:	Date	
	Blanchette, Asst. Secretary		
	rped or Printed Name		
	***	(HANC FEE: \$35.00 * * *	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)