F00000001471

(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:			

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84/05/21--81016--023 **35.00

2021 APR -5 PM 3: 15
SECRETARY OF STATE

Per latice change

16/2021



CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: April 1, 2021

Order#: 732109-135

Re: LIFEWATCH SERVICES INC.

Enclosed please find:

XX Change of Registered Agent and Office.

 \overline{XX} Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Erika Zavala Daza c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

		0502, 607.1508, or 617.1508, Florida Statutes, this ganized under the laws of the State of DE	
		gistered agent, or both, in the State of Florida.	
L The name of	the corporation: LIFEWATCH SERVIC	CES INC.	
2. The principa	nl office address:		
	ollow Rd Suite 102, Malvern PA 1935		
3. The mailing	address (if different):		
4. Date of inco	rporation/qualification: 03/17/2000	Document number: F0000001471	
5. The name ar		d agent and registered office on file with the	
	C T CORPORATION SYSTEM		
	1200 SOUTH PINE ISLAND ROAD		
	PLANTATION	FL 33324	
6. The name ar (if changed):		gent (if changed) and /or registered office	
	1201 Hays Street P.O. Box NOT acceptable		
	Tallahassee	FL 32301	
The street addr	ress of its registered office and the stre I be identical.	eet address of the business office of its registered agent,	
Such change wanthorized by t	ras authorized by resolution duly adop the board, or the corporation has been	ted by its board of directors or by an officer so notified in writing of the change.	
	Jie E. Cilmi	Jill Cilmi, Vice President	
_	ur of an officer or director	Printed or typed name and title	
	I the appointment as registered agent to comply with the provisions of all sind I am familiar with and accept the oing filed merely to reflect a change in s been notified in writing of this change in Service Company	and agree to act in this capacity. atutes relative to the proper and complete performance bligation of my position as registered agent. Or, if this the registered office address, I hereby confirm that the ge.	
By: Σ	nace LKuby mature of Registered Agent	04/01/2021	
		Date	
It signing on be	chalf of an entity:		
	Asst. Vice President yped or Printed Name		
'		FEE: \$35.00 * * *	
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MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)