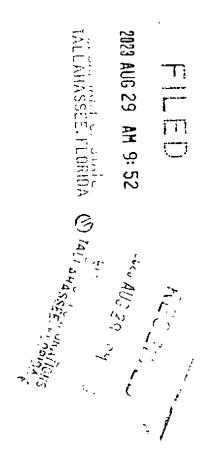
F02000000 3853

	(Requestor's Name)					
	(Address)					
	(Address)					
	•					
	(Čity/State/Zip/Phone #)					
	(Oity/Otate/Elp/Filotie #)					
PICK-UP	☐ WAIT ☐ MAIL					
·	(Business Entity Name)					
(Document Number)						
Certified Copies	Certificates of Status					
Certified Copies Certificates of Status						
						
Special Instructions to	Filing Officer:					
	Ì					
	i					
	Ì					

Office Use Only



800414580948



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 94,6763 8423905 AUTHORIZATION : COST LIMIT : \$ 35.00					
ORDER DATE : August 21, 2023					
ORDER TIME : 12:42 PM					
ORDER NO. : 946763-011					
CUSTOMER NO: 8423905					
CHANGE OF AGENT NAME: A. T. STILL UNIVERSITY OF HEALTH SCIENCES					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Alexxis Weiland-sorenson					
EXAMINER'S INITIALS:					



September 6, 2023

CSC

RESUBINITY

Please give original submission date as file date.

SUBJECT: A.T. STILL UNIVERSITY OF HEALTH SCIENCES, INC.

Ref. Number: F02000003853

We have received your document for A.T. STILL UNIVERSITY OF HEALTH SCIENCES, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Add the "INC" to the name in #1

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

Letter Number: 023A00020245

RECEIVED 2023 SEP-6 PM 3: 31

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

statement of cha	provisions of sections 607.050 ange is submitted for a corpora er to change its registered offic	ition organized under the la	anvs of the State of _	Missouri		
			-	lorida,		
	the corporation: A.T. STILL U					
2. The principal	office address: 800 WEST JE	FFERSON STREET KIRK	(SVILLE, MO 6350)1		
3. The mailing a	address (if different):					
4. Date of incor	poration/qualification: 07/29/2	002 Document	number: F020000	003853		
5. The name and	d street address of the current re timent of State: (If resigned, en	egistered agent and register				
	REGISTERED AGENT SOL	UTIONS, INC.		_		
	2894 REMINGTON GREEN LANE SUITE A					
	TALLAHASSEE	FL	. 32308			
6. The name and (if changed):	I street address of the new regis	stered agent (if changed) ar	nd /or registered off	2023 AUG 29 TÄLLÄHÄSS		
	Corporation Service Compar	ту		3 29 ASS		
	1201 Hays Street		·) AM		
P.O. Box NOT acceptable						
	Tallahassee	FL	32301	9: 5 ORIE		
The street addre	ss of its registered office and be identical.	the street address of the bu	usiness office of its	registered agent,		
Such change wa authorized by th	s authorized by resolution dul e board, or the corporation ha	y adopted by its board of s been notified in writing	directors or by an o	officer so		
Signishir	e of an officer or director	Jill Cilmi		Vice President		
document is beir corporation has	the appointment as registered to comply with the provisions of all amounts are gistered as registered as registered as the filled merely to reflect a chabe been notified in writing of this Service Company	agent and agree to act in of all statutes relative to the of the obligation of my pos	ted or typed name and toll this capacity. he proper and com ition as registered e address, I hereby	nlata nanformana		
By: Daret	Kubi	08/28/2023				
Sign	ature of Registered Agent		Date			
If signing on beh	nalf of an entity:					
Grace E. Kirby, A	Asst. Vice President					
Ty	ped 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
CR2E045 (04/13)