F03000004589

(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

800187226138

RP
Change

11/01/10--01043--009 **35.00

FILED
2010 DEC 23 PM 4:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

AOR
12/23/10

600789 00524 00671

NRAI CORPORATE SERVICES
Formerly Premier Corporate Services, Inc.

October 28, 2010 *VIA REGULAR MAIL*

Division of Corporations
Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

RE: Streamline Health, Inc.

Dear Sir or Madam:

Enclosed please find one original and one photocopy of the form to change the registered agent/office for the above captioned in your state along with our check to cover the required filing fees.

Please file with your office and return evidence to my attention at the letterhead address. If you have any questions, please contact me on our toll-free line at 800-934-2556, prior to returning the documents.

Thank you.

Sincerely,

Joelle Churik

Joelle Churik

Encl.

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 3, 2010

NRAI Corporate Services, Inc.
Atten: Joelle Churik
200 West Adams Street, Ste 2007
Chicago, IL 60606

SUBJECT: STREAMLINE HEALTH, INC.
Ref. Number: F03000004589

We have received your document for STREAMLINE HEALTH, INC. and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form that you submitted was incorrect. It was for an alien business organization and your entity is a foreign profit corporation. I have enclosed the correct form that you may fill out and return to us.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 310A00025874

RECEIVED
10 DEC 23 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

correct form attached, please file. Thank you.

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

1. The name of the corporation: Streamline Health, Inc.

2. The principal office address: 10200 Alliance Road; Suite 200, Cincinnati, OH 45242

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 09/12/2003 Document number: F030000004589

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CT Corporation System

1200 S. Pine Island Road

Plantation, FL 33324

FILED
2010 DEC 29 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.

2731 Executive Park Drive, Suite 4

(P.O. Box NOT acceptable)

Weston, FL 33331

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)

Matthew D. Rolfes Asst. Secretary
(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.

(Signature of Registered Agent)

12/17/10
(Date)

If signing on behalf of an entity:

Joelle Churik, Assistant Secretary
(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

CR2E045 (8/05)