F64000005621

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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CORPORATION SERVICE COMPANY

1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I2000000195								
REFERENCE : 255568 8398987								
AUTHORIZATION: Melsille rade								
COST LIMIT : \$ 35.60								
ORDER DATE : December 16, 2022								
ORDER TIME : 2:07 PM								
ORDER NO. : 255568-028								
CUSTOMER NO: 8398987								
CHANGE OF AGENT								
NAME: NAPHCARE, INC.								
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:								
CERTIFIED COPY XX PLAIN STAMPED COPY								
CONTACT PERSON: Eyliena Baker								
EXAMINER'S INTITALS								

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

statement of cha	nge is st	ibmitted for a c	corporation orga	02, 607.1508, or 61 nized under the law tered agent, or bott	vs of the State of <u>1</u>	Alabama		
1. The name of t	he corpo	oration: NAPH	CARE, INC.					
	office ac	ldress: 2090 C		OAD SUITE 4000				
3. The mailing a	ddress (i	f different):		-				
4. Date of incorp	oration/	qualification:	10/04/2004	Document r	number: <u></u> F040000	05621	<u></u>	
			urrent registered med, enter resign	agent and registere led)	d office on file wi	th the		
	REGIS	TERED AGEN	NTS LEGAL SER	RVICES, LLC			20	
	155 OF	FICE PLAZA	DR. SUITE A		·	7.	2022 DEC 28	
	TALLA	HASSEE		FL	32301		28	
6. The name and street address of the new registered agent (if changed) and /or registered off (if changed):						ice	PH 12: 30	
	Corporation Service Company							
	1201 Hays Street P.O. Box NOT acceptable							
	Tallaha	issee	1,0,0	FL FL	32301			
The street addre as changed will	ss of its be ident	registered offi ical.	ce and the stree	address of the bus	siness office of its	s register	ed agent,	
Such change wa authovized by th	s author e board.	or the corpora	tion duly adopte ation has been no	d by its board of dotified in writing o	irectors or by an of the change.	officer so)	
. vgnatur	e of an offi	cer or director	<u>. </u>	Jill Cilmi, Vice I	President	le		
I further agree to of my duties, and document is being corporation has Corporation	o compl d I am fo ng filed i been no	y with the prov amiliar with ar merely to refle	visions of all sta nd accept the ob ct a change in th ng of this change		his capacity, e proper and com tion as registered e address, I hereb	plete per l'agent. (y confirn	formance Or, if this n that the	
By: 人 人 <u>《</u> Sigr	nature of Re	gistered Agent	10.C	12/28/2022	Date			
If signing on bel	halfofa	n entity:	\					
Grace E. Kirby,	Asst Vi							
		*	* * FILING F	EE: \$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)