

F05000006177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

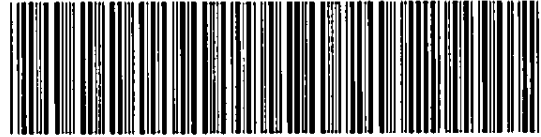
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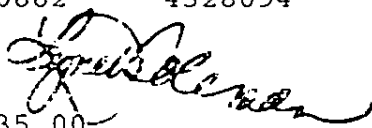
SECRETARY
OF THE STATE
TALLAHASSEE, FLORIDA

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SECRETARY
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 400882 4328094
AUTHORIZATION : 
COST LIMIT : \$ 35.00

ORDER DATE : April 8, 2024
ORDER TIME : 3:56 PM
ORDER NO. : 400882-018
CUSTOMER NO: 4328094

CHANGE OF AGENT

NAME: THE SCOTTCARE CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller

EXAMINER'S INITIALS: _____

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

1. The name of the corporation: THE SCOTTCARE CORPORATION
2. The principal office address: 4791 West 150th Street Cleveland, OH 44135
3. The mailing address (if different): 28800 CLEMENS ROAD WESTLAKE, OH 44145
4. Date of incorporation/qualification: 10/24/2005 Document number: F05000006177
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CORPORATE CREATIONS NETWORK INC.

801 US HIGHWAY 1

NORTH PALM BEACH FL 33408

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

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee FL 32301

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.

/S/ Heidi Alten

Signature of an officer or director

Heidi Alten

Printed or typed name and title

Vice President

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.

Corporation Service Company


Signature of Registered Agent

04/05/2024

Date

If signing on behalf of an entity:

GRACE E KIRBY, ASST. VICE PRESIDENT

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 (04/13)

CSC 400882-18

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS