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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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## REGISTERED AGENT CHANGE HEALTHPLEX MANAGEMENT SERVICES, INC.

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

statement of cha	provisions of sections 607,0502, 617,050 nge is submitted for a corporation organ r to change its registered office or regist	ized under the laws of the	State of Nev	w York	is	-
1. The name of t	he corporation: HEALTHPLEX MANAG	EMENT SERVICES, INC.				_
2. The principal and a same and a same and a same same	office address:NGTON BLVD. Suite 300 UNIONDALE.	NY 11553-3608				_
	ddress (if different):					
4. Date of incorp	oration/qualification: 04/06/2006	Document number:	F0600000022	203		
	street address of the current registered a tment of State: (If resigned, enterresigned		on file with	the		
	INTERSTATE DOCUMENT FILINGS IS	NCORPORATED				
	1540 GLENWAY DRIVE TALLAHASSI	EE, FL 32301				
6. The name and (ifchanged):	street address of the new registered ages	nt (if changed) and /or regi	stered office	e	29211	
	1200 South Pine Island Road					
	P.O. Bo	v NOT acceptable		<i>]</i> :		
	Plantation, Florida 33324	<u> </u>	;	, , , , , , , , , , , , , , , , , , , ,	PH	j ; i
	ss of its registered office and the street be identical.					ئرسے! ۱۱,
Such change wa authorized by th	is authorized by resolution duly adopted the board, or the corporation has been no	d by its board of directors tified in writing of the cha	or by an of ange.	licer so	•	
/s/ Heather A. Lang Signature of an officer or director    Signature of an officer or director   Printed or typed name   Printed or typed name		' <del>-</del> '			-	
of my duties, an document is bei	the appointment as registered agent an o comply with the provisions of all stat d I am familiar with and accept the obl ng filed merely to reflect a change in th been notified in writing of this change. System	igation of my position as i e-registered office addres	icity and compleregistered a s, I hereby i	lete perf igent. C confirm	orman Or, if th that th	ice his he
/s/ Agnes Jen	•	3/1/2021				
Sign	nature of Registered Agent	I)ald				-
It signing on bel	half of an entity:					
Agnes Jensen, As	est Secretary					
13	ped or Printed Name					
	* * * FILING FE	E: \$35.00 * * *				

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By: