

To: 8506176380

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2021 Nov 30 11:30 AM CST

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From: Lexus Wingo

11/30/21, 12:00 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
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**REGISTERED AGENT CHANGE  
NATIONAL UNIVERSITY OF HEALTH SCIENCES, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

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

1. The name of the corporation: NATIONAL UNIVERSITY OF HEALTH SCIENCES, INC.
2. The principal office address: 200 E ROOSEVELT ROAD, LOMBARD, IL 60148
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 07/01/2008 Document number: F08000002941
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)

PAUL WATSON LAMBERT

263 ROSEHILL DRIVE NORTH

TALLAHASSEE, FL 32312

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

C T Corporation System

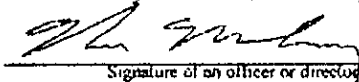
1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.



Ron Mensching Vice President for Business Services

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.*

C T Corporation System

Christine Kelm

Assistant Secretary

11/30/2021

By:



Registered Agent

Date

If signing on behalf of an entity:

Christine Kelm, 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

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