

F09000002399

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : HUTCHISON PLLC
Account Number : I20120000063
Phone : (407) 287-6997
Fax Number : (866) 594-0608

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: justin@ingagepatient.com

**REGISTERED AGENT CHANGE
INGAGEPATIENT, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$43.75

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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04/22/14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: IngagePatient, Inc.
Name of Corporation

DOCUMENT NUMBER: F09000002399

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Adam Wanee

Name of Contact Person

Hutchison PLLC

Firm/Company

3110 Edwards Mill Road, Suite 300

Address

Raleigh, NC 27612

City/State and Zip Code

justin@ingagepatient.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam Wanee

Name of Contact Person

at (919) 829-4306

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

1. The name of the corporation: IngagePatient, Inc.
2. The principal office address: 201 SE 2nd Avenue, Suite 211, Gainesville, FL 32601
3. The mailing address (if different): _____
4. Date of incorporation/qualification: June 15, 2009 Document number: F09000002399
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)

Jana L. Jones

201 SE 2nd Avenue, Suite 211

Gainesville, FL 32601

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

Justin Neece

201 SE 2nd Avenue, Suite 211

P.O. Box NOT acceptable

Gainesville, FL 32601

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14 APR 21 PM 4:52

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

Justin L. Neece, President

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

04-20-2014

Date

If signing on behalf of an entity:

Justin L. Neece

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