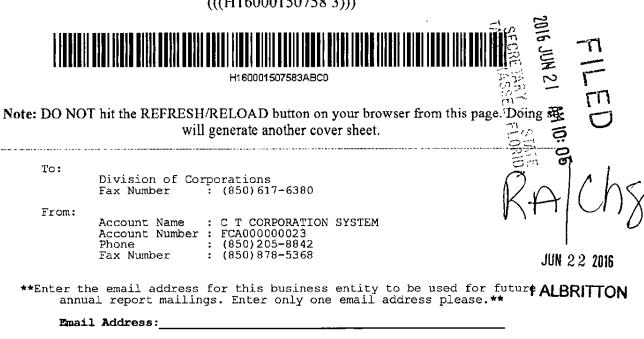
Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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REGISTERED AGENT CHANGE CURASPAN HEALTH GROUP, INC.

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6/21/2016 10:09:07 AM From: To: 8506176380(2/2)

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

statement of ch	lange is submitted for a corporation of	7.0502, 607.1508, or 617.1508, Florida Statutes organized under the laws of the State of Delawat egistered agent, or both, in the State of Florida.	re	
1. The name of	f the corporation: CURASPAN HEALT	TH GROUP, INC.		
	al office address: E CENTER SUITE 1-110, 275 GROVE	STREET NEWTON, MA 02466		
3. The mailing	address (if different):			
4. Date of incor	rporation/qualification: 09/16/2009	Document number: F09000003686		
	nd street address of the current register artment of State: (If resigned, enter res	red agent and registered office on file with the signed)		
	NRAI SERVICES, INC			
	1200 South Pine Island Road Plantation	on, FL 33324		
			. 21	
6. The name and (if changed):		agent (if changed) and /or registered office	2016 JUN 2	***************************************
	C T Corporation System	\$ C C C C C C C C C C C C C C C C C C C	溪 2	
	c/o C T Corporation System, 1200 Sou	ath Pine Island Road	R	
	P.O. Box Plantation, Florida 33324	NOT acceptable	AM 10: 06	•
The street address changed will	ress of its registered office and the str I be identical.	reet address of the business office of its registe	red agent,	
Such change was	ras authorized by resolution duly adop the board, or the corporation has been	pted by its board of directors or by an officer s a notified in writing of the change.	10	
Ceille	E. 9 Le	Keith Thompson, Secretary Printed or typed name and title		
I hereby accept I further agree in performance of		t and agree to act in this capacity. statutes relative to the proper and complete nd accept the obligation of my position as regi- reflect a change in the registered office addres ed in writing of this change.	stered ss, I	
By: / ////	moration System	06/20/2016		
Ÿ	gipture of Registered Agent	Date	<u> </u>	
Angel	ehalf of an entity: I Shearer nt Secretary Typed or Printed Name			
13	Aber of Little Lights			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *