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To:	Division of Corporations
	Fax Number : (850)617-6380
From:	
	Account Name : C T CORPORATION SYSTEM
	Account Number : FCA000000023 Phone : (614)280-3338
	Fax Number : (954)208-0845
	email address for this business entity to be used for future report mailings. Enter only one email address please.**
Email	Address:

REGISTERED AGENT CHANGE CORAM HEALTHCARE CORPORATION OF GREATER NEW YORK

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19542080845 From: Ranae McGraw

COVER LETTER

TO: Amendment Section **Division of Corporations**

CORAM HEALTHCARE CORPORATION OF GREATER NEW YORK. SUBJECT

Name of Corporation

F11000000112 **DOCUMENT NUMBER:**

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:

Melanie K. Luker

Name of Contact Person

CVS Health

Firm/Company

One CVS Drive

Address

Woonsocket, RI 02895

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

For further information concerning this matter, please call:

CT Corporation System	800	225-8034
-	_ at ()
Name of Contact Person	Area Code a	& 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

CR2E045(03/12)

City/State and Zip Code

isabel.amado@cvshealth.com

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19542080845 From: Ranae McGraw

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 \underline{NY} in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CORAM HEALTHCARE CORPORATION OF GREATER NEW YORK

2. The principal office address: 555 17TH STREET SUITE 1500 DENVER, CO 80202

3. The mailing address (if different):_

4. Date of incorporation/qualification: 01/10/2011

Document number: F11000000112

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)

CORPORATION SERVICE COMPANY

1201 HAYS STREET TALLAHASSEE, FL 32301-2525

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

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C T Corporation System

c/o 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, we 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.

Kendra Jesus, Secretary Printed or typed name and little

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 duities, 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 conformation has been notified in writing of this change.

אל מולד.	
O_17116	

* * * 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 (03/12)