F11000003658

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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09/18/18--01001--021 ♦+35.00



SEP 2 1 2018

Fire Com



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Logan Hall logan.hall@cscglobal.com

Date: September 14, 2018

Order#: 387017-004

Re: CLEVELAND HEARTLAB, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Logan Hall

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

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

statement of cha		tion organized under the	r 617.1308, Florida Statutes, this laws of the State of DELAWARE both, in the State of Florida.		
1. The name of	the corporation: CLEVELAND	HEARTLAB, INC.			
2. The principal	office address:	•			
	address (if different): 500 Plaz	· · · · · · · · · · · · · · · · · · ·	34	<u></u>	
4. Date of incorp	poration/qualification; 09/09/2	011 Documer	nt number: F11000003658		
	d street address of the current re rtment of State: (If resigned, en		ered office on file with the		
	CT CORPORATION SYSTEM	М	<i>ح</i> ہ		
	1200 SOUTH PINE ISLAND	RD			
	PLANTATION	FL	. 33324	# # # # # # # # # # # # # # # # # # #	
6. The name and (if changed):	I street address of the new regis	stered agent (if changed) a	and /or registered office	· · · · · · · · · · · · · · · · · · ·	
	Corporation Service Company				
	1201 Hays Street				
	P.O. Box NOT acceptable				
	Tallahassee	FL	32301		
The street addre	ss of its registered office and t be identical.	the street address of the h	ousiness office of its registered age	ent,	
Such change wa authorized by th	s authorized by resolution dul- o board, or the corporation has	y adopted by its board of s been notified in writing	directors or by an officer so of the change.		
1. Then A	Loughner		haughnessy, Jr., Secretary		
Penader	e of off officer or divector		ned or typed name and title	-	
i juriner agree it performance of l agent. Or, if thi. hereby confirm t	the appointment as registered of comply with the provisions of my duties, and I am familiar was document is being filed mere that the corporation has been in Service Company	of all statutes relative to t with and accept the obliga- ly to reflect a change in .	the proper and complete tion of my position as registered the registered office address. I		
By: Dran	r. Tokubi,		/13/2018		
	ature of Registered Agent		Date	-	
If signing on beh	nalf of an entity:				
Grace E. Kirby,	Assistant Vice President				
Ty	ped or Printed Name				

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