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

TO:

TO: Amendment Section Division of Corporations	
SUBJECT: Caresync. Inc. Name of Corporation	
DOCUMENT NUMBER: F11000003824	
The enclosed Statement of Change of Registere	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	
Stephanie C. Lieb. Esq.	
Name of Contact Person	
Trenam. Kemker, Scharf. Barkin, Frye, O'Ne	eill & Mullis. P.A.
Firm/Company	
101 E. Kennedy Boulevard, Suite 2700	
Address	
Tampa, FL 33602	
City/State and Zip Code	
slieb@trenam.com	
E-mail address: (to be used for future annua	ll report notification)
For further information concerning this matter.	please call:
Stephanie C. Lieb	. (912) 222 7171
Name of Contact Person	at (813) 223-7474 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	Department of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of chi in ordi	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Nevada / 1 er to change its registered office or registered agent, or both, in the State of Florida. the corporation Caresync, Inc.	<u>) Y l</u> ai	ware
The name or The principal			
4. Date of incorp 5. The name and	poration/qualification: 09/14/2011 Document number: F11000003824 I street address of the current registered agent and registered office on file with the treet treet (If resigned, enter resigned)	<u>-</u>	
	Resigned 04/10/2020	2020 APR 2	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office Stephanie C. Lieb, Esq. Trenam, Kemker, Scharf, Barkin, Frye, O'Neill & Mullis, P.A.	29 PM 5: 1	REAL STATES
	P.O. Box NOT acceptable Tampa, FL 33602	ယ်	Š,
-	as of its registered office and the street address of the business office of its registered agose identical. It is authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.	ent,	
	Joseph J. Luzinski Kisignee	_	
I hereby accept t I further agree to of my duties, and document is bein corporation has	he appointment as registered agent and agree to act in this capacity, comply with the provisions of all statutes relative to the proper and complete performal I am familiar with and accept the obligation of my position as registered agent. Or, if g filed merely to reflect a change in the registered office address, I hereby confirm that been notified in writing of this change.	mce this the	
XA	sture of Registered Agent 4/27-120	_	
Stralianu	1. Lith Coursel to #351gmcc		
	* * * FILING FEE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BUX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)