## F12000001544

(Re	equestor's Name)			
(Ac	ldress)			
(Ac	Idress)			
(Ci	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nam	e)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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RARDONS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Chelsey Martine cmartin0@cscinfo.com

Date: July 2, 2014

Order#: 191458-003

Re: SCRIBES STAT INCORPORATED

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: Chelsey Martine c/o Corporation Service Company 2711 Centerville Road, Suite 400 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.

QUCA.XCOA

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

statement of cha	nge is submitted for a corporati	, 617.0502, 607.1508, or 617.1508, Florida Statutes, ion organized under the laws of the State of DELAW or registered agent, or both, in the State of Florida.	/ARE	
	the corporation: ESSIA HEALTH			
2. The principal	office address: 6420 SW MACA	ADAM AVE SUITE 160 PORTLAND, OR 97239		
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 04/10/20	Document number: F12000001544		
	d street address of the current regetment of State: (If resigned, ento	gistered agent and registered office on file with the er resigned)	-	
	NRAI SERVICES, INC.		<b>#</b>	
	NRAI SERVICES, INC.  1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			
6. The name and (if changed):	street address of the new regist	rered agent (if changed) and /or registered office	OF STATE	
	Corporation Service Company	,		
	1201 Hays Street			
	P.C	D. Box NOT acceptable		
	Tallahassee	FL 32301		
The street address changed will	ess of its registered office and the identical.	he street address of the business office of its registe	ered agent,	
Such change wa authorized by th	as authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or by an officer s been notified in writing of the change.	30	
		DONA PRIEBE, VICE PRESIDENT	DONA PRIEBE, VICE PRESIDENT	
	re of a up cer or director	Printed or typed name and title		
I further agree i performance of agent. Or, if thi hereby confirm	to comply with the provisions of my duties, and I am familiar wi is document is being filed mere.	agent and agree to act in this capacity. f all statutes relative to the proper and complete ith and accept the obligation of my position as regi ly to reflect a change in the registered office addre iotified in writing of this change.	istered ess, I	
By: Sylvi	~ Chresser	JULY 1, 2014		
	nature of Registered Agent	Date		
If signing on be	half of an entity:			
	PET, ASSISTANT VICE PRESI	DENT		
T	vped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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