

(Requestor's Name)				
(Address)				
(Address)				
(1.631.633)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(Coodinent (Validae))				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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11/14/18--01013--610 **35.00

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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De-19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Kelsey Eulert kelsey.eulert@cscglobal.com

Date: November 12, 2018

Order#: 480245-005

Re: CARESOURCE MANAGEMENT GROUP CO.

Enclosed please find:

XX Change of Registered Agent and Office.

XX __ Check in the amount of \$35.00.

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: Kelsey Eulert 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.

QUCA.XCOA

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

statement of cha	provisions of sections 607.0502 inge is submitted for a corporal r to change its registered office	tion organized under the la	tws of the State of Oh	nio	
1. The name of t	the corporation: CARESOURC	E MANAGEMENT GROU	P CO.		
	office address: 230 N MAIN ST				
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 06/29/20	Document Document	number: F12000002	?720	
	I street address of the current returnent of State: (If resigned, ent		red office on file with	the	
	James Heekin				
	215 N. Eola Drive				
	ORLANDO	FL	32801		
6. The name and (if changed):	Street address of the new registered agent (if changed) and /or registered office Corporation Service Company 1201 Hays Street P.O. Box NOT acceptable				
	Corporation Service Company	<u> </u>			LED
	1201 Hays Street			王 二	Œ
	P.O. Box NOT acceptable				
	Tallahassee	FL	32301	4	
The street addre as changed will	ss of its registered office and t be identical.	he street address of the bu	isiness office of its re	egistered agent.	
Such change wa authorized by th	s authorized by resolution duly te board, or the corporation has	y adopted by its board of o	directors or by an off of the change.	icer so	
Zin e a		Jill Cilmi, Vice I	President		
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	the appointment as registered o comply with the provisions of my duties, and I am familiar was document is being filed mere that the corporation has been to Service Company	agent and agree to act in If all statutes relative to the ith and accept the obligate by to reflect a change in t	ne proper and comple tion of my position as he registered office a	ete Fregistered Oddress, I	
•	Kobi, sature of Registered Agent	11/12/2018			
			Date		
If signing on bel	half of an entity:				
	Assistant Vice President	_			
13	ped 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 * * *