F130000000661

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(Re	equestor's Name)	1
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies Certificates of Status		
Special Instructions to	Eiling Officer	
	i imig Onicer.	

Office Use Only



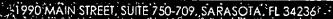
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2021 AUG 25 AM 11: 27 SECRETARY OF STATE

SEP 10 2001 D CUSHING

UNISEARCH, INC.





8/25/2021

SECRETARY OF STATE OF FLORIDA DIVISION OF CORPORATIONS THE CENTRE OF TALLAHASSEE 2415 NORTH MONROE SUITE 810 TALLHASSEE, FL 32303

RE: Unisearch Change of Address

To Whom it May Concern:

Enclosed please find the applications to change the registered agent address on behalf of Unisearch, Inc. for entities that have appointed Unisearch as agent. (More applications will be forwarded in a separate package for the remaining entities). Also enclosed is check # 1043 for \$3,760. Should you have any questions, please contact me at the below number.

Thank you,

oelle Churik

Unisearch, Inc.

1990 Main Street, Suite 750-709

Sarasota, FL 34236

888-617-4478

joelle.churik@unisearch.com

2021 AUG 25 AH II: 2 CECRETARY OF STATE THAT ALL SOFT FI ATTENTO

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

statement of change	ovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this e is submitted for a corporation organized under the laws of the State of ALABAMA o change its registered office or registered agent, or both, in the State of Florida.
	corporation: HEALTHCARE & DIAGNOSTIC SOLUTIONS, INC.
 The name of the The principal off 	fice address: 222 SW Columbia St. Suite 1750Portland, OR 97201
3. The mailing addi	ress (if different):
4. Date of incorpora	ation/qualification: 02/12/2013 Document number: F13000000661
	reet address of the current registered agent and registered office on file with the ent of State: (If resigned, enter resigned)
UI	NISEARCH, INC
15	5 OFFICE PLAZA DRIVE
T	ALLAHASSEE, FL 32301
(if changed):	reet address of the new registered agent (if changed) and /or registered office
<u>U</u>	NISEARCH, INC.
19	990 MAIN STREET, SUITE 750-709
SA	P.O. Box NOT acceptable ARASOTA, FL 34236
The street address as changed will be	of its registered office and the street address of the business office of its registered tent, identical.
Such change was a authorized by the b	nuthorized by resolution duly adopted by its board of directors or by an officer's board, or the corporation has been notified in writing of the change.
•	an officer or director Printed or typed name and title
I hereby accept the I further agree to co of my duties, and I document is being corporation has be	e appointment as registered agent and agree to act in this capacity. comply with the provisions of all statutes relative to the proper and complete performance am familiar with and accept the obligation of my position as registered agent; for if this filed merely to reflect a change in the registered office address, I hereby confirm that the ten notified in writing of this change.
Signatu	le (IW) 8 25 21 re of Registered Agent I Date
If signing on behal	f of an entity:
Typed	or Printed Name

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

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