

F130000001509

(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



700265112317

700265112317  
10/21/14--01007--010 \*\*35.00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
14 OCT 21 PM 2:35

NOV 03 2014

T. CARTER

RA/RO change

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Cohealo Inc.  
Name of Corporation

DOCUMENT NUMBER: F13000001509

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Leslie Martello, Legal Specialist  
Name of Contact Person

Gesmer Updegrove LLP  
Firm/Company

40 Broad Street  
Address

Boston, Massachusetts 02109  
City/State and Zip Code

leslie.martello@gesmer.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leslie Martello, Legal Specialist at ( 517 ) 350-6800  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Cohealo Inc
2. The principal office address: 109 State Street, Boston, Massachusetts 02109
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 4/5/2013 Document number: F13000001509
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

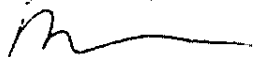
Mark A. Slaughter, Jr.  
6111 Broken Sound Parkway, Suite 360  
Boca Raton, Florida 33487

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Michael Slaughter  
1920 S. Ocean Boulevard  
Delray Beach P.O. Box NOT acceptable FL 33483

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

✓  Mark A. Slaughter, Jr., President  
Signature of an officer or director Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

✓  October 14, 2014  
Signature of Registered Agent Date

If signing on behalf of an entity:

MICHAEL SLAUGHTER, JR.  
Typed or Printed Name

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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
14 OCT 21 PM 2:35