## F1400000 1513

(Requestor's Name)				
(Address)				
(Address)	_			
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)	_			
(Document Number)				
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Special Instructions to Filing Officer:				
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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: Ashley Seeman ashley.seeman@cscglobal.com

Date: October 13, 2020

Order#: 447651-004

Re: J. KNIPPER AND COMPANY, INC.

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: Ashley Seeman 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 ch	ange is submitted for a corporation	organized under the laws of the State of _ registered agent, or both, in the State of F	NEW JERSEY
1. The name of 2. The principa	the corporation: J. KNIPPER AND office address: One Healthcare W	COMPANY, INC. ay Lakewood, NJ 08701	
3. The mailing	address (if different):		
4. Date of incor	rporation/qualification: 04/04/2014	Document number: F14000	001513
	nd street address of the current regist artment of State: (If resigned, enter r	ered agent and registered office on file wiresigned)	th the
	CT CORPORATION SYSTEM		-
	1200 SOUTH PINE ISLAND RD		
	PLANTATION	FL 33324	133
6. The name an (if changed):	•	ed agent (if changed) and /or registered off	. ice 10 10 17
	1201 Hays Street		
		P.O. Box NOT acceptable	
	Tallahassee	FL 32301	
_		street address of the business office of its dopted by its board of directors or by an even notified in writing of the change.	
MA	hlas	Frank McNicholas	CFO
I hereby accept I further agree of my duties, an document is be corporation ha Corporatio	the appointment as registered age to comply with the provisions of and I am familiar with and accept thing filed merely to reflect a change is been notified in writing of this change of the company	Printed or typed name and tall ent and agree to act in this capacity. It statutes relative to the proper and come obligation of my position as registered in the registered office address, I hereby name.  10/9/2020  Date	
If signing on be	ehalf of an entity:		
·	Asst. Vice President  Typed or Printed Name		

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