(Requestor's Name) . (Address)			
(Address)	600293		
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL	12/14/166		
(Business Entity Name)	S TA		
(Document Number)	DEC 1		
Certified Copies Certificates of Status	R/A-CH		
Special Instructions to Filing Officer:			

Office Use Only



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Marissa Rather-lopez marissa.pitts@cscglobal.com

Date: December 12, 2016

Order#: 396049-002

Re: MEIER CLINICS FOUNDATION

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: Marissa Rather-lopez 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	provisions of sections 607.0302, 617.0302, 6 nge is submitted for a corporation organized r to change its registered office or registered	d under the laws of the State of Californ	nia			
	•	•				
	1. The name of the corporation: MEIER CLINICS FOUNDATION, INC. 2. The principal office address: 2100 Manchester Road, Suite 1510, Wheaton, IL 60187					
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification: 10/30/2014	Document number: F14000004684				
5. The name and	street address of the current registered agen tment of State: (If resigned, enter resigned)					
	C T Corporation System					
	1200 South Pine Island Road		<u> </u>	هيـ		
	Plantation, FL 33324		产品	ന		
6. The name and (if changed):	street address of the new registered agent (i	f changed) and /or registered office	AND SE	11 J30	TIT	
	Corporation Service Company			E	O	
	1201 Hays Street		25	ည်း		
	P.O. Box NOT acce	ptable	夏周	259		
	Tallahassee	FL 32301				
•	ss of its registered office and the street add be identical. s authorized by resolution duly adopted by e board, or the corporation has been notifie					
authorized by th						
Let		Printed or typed name and title	-T			
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	the appointment as registered agent and ag o comply with the provisions of all statutes my duties, and I um familiar with and acce is document is being filed merely to reflect a that the corporation has been notified in wi n Service Company		istered ès, I			
By:	in anemal	12/08/2016				
D itti	nature of Registered Agent	Date				
If signing on be	half of an entity;					
	, Asst. Vice President					
,;	* * * FILING FEE: S	535.00 * * *				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)