

# F15000004015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

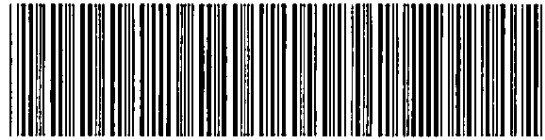
(Business Entity Name)

(Document Number)

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2024 JUN 25 AM 10:39

TALLAHASSEE, FLORIDA

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2024 JUN 25 PM 11:08

ADULTERY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 503201 8328014

AUTHORIZATION : *Liquidation*

COST LIMIT : \$ 35.00

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ORDER DATE : June 18, 2024

ORDER TIME : 2:38 PM

ORDER NO. : 503201-049

CUSTOMER NO: 8328014  
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CHANGE OF AGENT

NAME: MED-SENSE GUARANTEED  
ASSOCIATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Shauna Godbolt

EXAMINER'S INITIALS: \_\_\_\_\_

**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 DE in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MED-SENSE GUARANTEED ASSOCIATION, INC.
2. The principal office address: 12444 Powerscourt Drive, Ste 500A St. Louis, MO 63131
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 09/09/2015 Document number: F15000004015
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)

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION

FL 33324

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

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee

FL 32301

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.

/S/ Karen Boeker

Karen Boeker

Secretary

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.*

Corporation Service Company

By: *Grace E. Kirby*  
Signature of Registered Agent

06/13/2024

Date

If signing on behalf of an entity:

GRACE E. KIRBY, ASST. VICE PRESIDENT

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)

503201-49

TALLAHASSEE, FLORIDA

2024 JUN 25 AM 10:39

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