F150000005287

(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



300303360663



#17 00T -\$ FH 1: 20

RARDICH8

OCT 1 0 2017

I ALBRITTON

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 10-09-17

NAME: F1 ONCOLOGY INC

TYPE OF FILING: REGISTERED AGENT CHANGE

COST: 35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: F1 On Cology, Inc. Name of Corporation
DOCUMENT NUMBER: F1500005287
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:
Registered Agent Unit
Corp 2000, Inc.
720 14th Street
Sacramento CA 95814 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Registered Agent at (916) 448-1397 Name of Contact Person Area Code & Daytime Telephone Number
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 Florida.
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: F 1 Oncology, Inc.
2. The principal office address: 505 S Flagter Dr. Suite 900
West Palm Beach FL 33401
3. The mailing address (if different):
4. Date of incorporation/qualification: 11 25 2015 Document number: F150 0000 5287
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)
Lat little- Dearch Inc.
1540 Glenway Dr
Tallahassee FL 32301
6. The name and street address of the new registered agent (if changed) and /or registered of
(if changed):
<u>Corp2000, Inc.</u>
155 Office Plaza Drive
P.O. Box NOT acceptable
1911aviassee 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.
Laurel Martin, VP Finance, Controller 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.
Kusty Jean 8/7/2017
If signing on behalf of an entity:
Krist Tecl
Type 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 (03/12)