F16000 00a 947

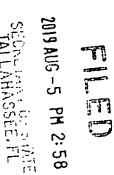
(Re	questor's Name)			
(Ad	dress)			
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(Cit	y/State/Zip/Phone	· #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





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08/05/19--01028--004 **05.00







CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Katie Boese katie.thomas@cscglobal.com

Date: August 1, 2019

Order#: 836642-001

Re: FOCUS HEALTH GROUP, 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: Katie THOMAS

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 cha	provisions of sections 607.0502, 617 ange is submitted for a corporation of er to change its registered office or re	rganized under the laws of the State	e of Tennessee	
1. The name of	the corporation: FOCUS HEALTH G	ROUP, INC.		
	office address:STON PIKE KNOXVILLE TN 37919			
3. The mailing :	address (if different):			
4. Date of incor	poration/qualification: 06/30/2016	Document number: F16	000002947	
	d street address of the current register rtment of State: (If resigned, enter res		le with the	
	INCORP SERVICES INC			
	17888 67TH COURT N	·		
	LOXAHATCHEE	FL 33470		
6. The name and (if changed):	d street address of the new registered Corporation Service Company	agent (if changed) and /or registere	I9 AU	
	1201 Hays Street		7. 7.S.	
		NOT acceptable		نسسا آل
	Tallahassee	FL 32301	2:5	الموسية
The street address changed will	ess of its registered office and the str be identical.	reet address of the business office	of its registered agen	ι.
Such change was authorized by the	as authorized by resolution duly ado he board, or the corporation has been	pted by its board of directors or by a notified in writing of the change.	an officer so	
Jill Cilmi, Vice President				
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent to comply with the provisions of all. my duties, and I am familiar with a is document is being filed merely to that the corporation has been notifi on Service Company	statutes relative to the proper and nd accept the obligation of my pos reflect a change in the registered	complete ition as registered	
By:	thattie of Registered Agent	07/15/2019		
If signing on be	chalf of an entity:			
	, Asst. Vice President			
	and or Printed Name			

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