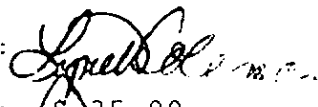




CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 706383 8135519  
AUTHORIZATION :   
COST LIMIT : \$ 35.00

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ORDER DATE : May 25, 2022  
ORDER TIME : 1:37 PM  
ORDER NO. : 706383-007  
CUSTOMER NO: 8135519

---

CHANGE OF AGENT

NAME: CONSUMER'S MEDICAL RESOURCE,  
INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Alexxis Weiland

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

- 1. The name of the corporation: CONSUMER'S MEDICAL RESOURCES, INC.
- 2. The principal office address: 141 Longwater Drive Suite 113A Norwell, MA 02061
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 09/15/2016 Document number: F16000004127
- 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

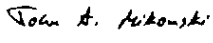
- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company  
1201 Hays Street  
P.O. Box, NOT acceptable  
Tallahassee FL 32301

FILED  
 MAY 26 PM 4:55  
 SECRETARY OF STATE  
 TALLAHASSEE, FL

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 rd. or the corporation has been notified in writing of the change.

DocuSigned by:  
  
 F1B3434CA6424B9  
 Signature of an officer or director

John Mikowski, Executive Vice President  
 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 05/25/2022  
 Signature of Registered Agent Date

If signing on behalf of an entity:  
Grace E. Kirby, Asst. Vice President  
 Typed or Printed Name

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