

F16000 004 564

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

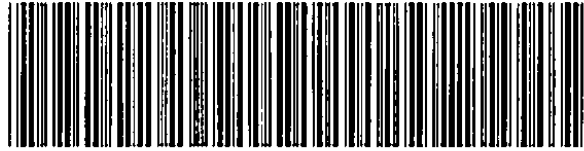
(Business Entity Name)

(Document Number)

ed Copies _____ Certificates of Status _____

cial Instructions to Filing Officer:

Office Use Only



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12/19/19--01018--004 **35.00

19 DEC 19 PM 3:00
CLERK OF COURT
CLERK OF COURT

JAN 24 2020
C McNAIR



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800
302-636-5454 FAX

19 DEC 19 PM 3:00

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: December 17, 2019

Order#: 104087-003

Re: ACI HEALTHCARE USA, INC.

Enclosed please find:

- ☒ Change of Registered Agent and Office.
- ☒ Check in the amount of \$35.

Please take the following action:

- ☒ File in your office on a routine basis.
- ☒ Issue Proof of Filing.
- ☒ Please return evidence to the following:

Attn: Erika Zavala Daza
c/o Corporation Service Company
251 Little Falls Drive
Wilmington, DE 19808

☐ 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.

CA.XCOA

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: ACI HEALTHCARE USA, INC
2. The principal office address: 10100 W. SAMPLE ROAD, SUITE 406
CORAL SPRINGS, FL 33065
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/11/2016 Document number: F16000004564
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)
RAHMAN, SHAFI
10100 W. SAMPLE ROAD, SUITE 406
CORAL SPRINGS, FL 33065
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
Tallahassee P.O. Box NOT acceptable 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.

Shafi Rahman Shafi Rahman, Chief Operating Officer
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 12/16/2019
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 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2FD45 (03/12)

19 DEC 19 PM 3:00
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA