

F18 00000 1096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

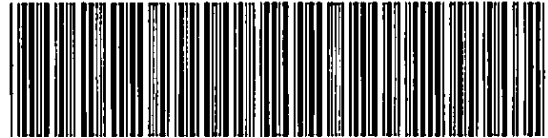
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900385979379

04/18/22--010331004

SECRETARY OF STATE  
TALLAHASSEE, FL

2022 APR 18 AM 11:09

FILED

A. BUTLER

MAY 31 2022



2804 Gateway Oaks Drive #100 Sacramento, CA 95833

Phone (800)533-7272 Fax (800)603-5868

**REFERENCE # MUST BE ON INVOICE TO BE PAID**

NUMBER PAGES:

Date: April 08, 2022

AE: Kristen Carter

TO: Florida Department of State

1960

REFERENCE: 1765959

Division of Corporations

PO Box 6327

Tallahassee, FL 32314

FAX: 850-687-6381

PLEASE PERFORM THE FOLLOWING:

**KPH HEALTHCARE SERVICES, INC.**

**File Change of Registered Agent**

**IN: FL**

**PLEASE RETURN:**

**PLEASE CALL (800)533-7272 ATTN: Kristen Carter TO CONFIRM FILING RESULTS**

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET  
(800)533-7272

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

1. The name of the corporation: KPH HEALTHCARE SERVICES, INC.
2. The principal office address: 29 EAST MAIN STREET, GOUVERNEUR, NY 13642
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: MARCH 6, 2018 Document number: F18000001096
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)

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE

FL 32301

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

PARACORP INCORPORATED

155 OFFICE PLAZA DRIVE, 1ST FLOOR

P.O. Box NOT acceptable

TALLAHASSEE

FL 32301

SECRETARY OF STATE  
TALLAHASSEE, FL

2022 APR 18 AM 11:09

FILED

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.

Warren D. Wolfson

Signature of an officer or director

WARREN D. WOLFSON

SECRETARY

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.*

By: \_\_\_\_\_

Signature of Registered Agent

4/11/2022

Date

If signing on behalf of an entity:

Jody Maria, Asst. Secretary

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE