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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

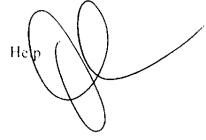
Enter the email address for this business entity to be used for future. annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE CAPTION HEALTH, INC.

Certificate of Status	0
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From: David Thomas

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

2023-05-09 07.47:49 CST

statement of cha	unge is submitted for a corpor	502, 617,0502, 607,1508, or 617,1508, Florida State ration organized under the laws of the State of <mark>DE</mark> ice or registered agent, or both, in the State of Flor	.AWARE
1. The name of	the corporation, CAPTION H	EALTH, INC.	
2. The principal	office address: 500 WEST Mo	EALTH, INC. ONROE STREET, CHICAGO, IL 60661	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 04/13/	2018 Document number: <u>17180000020</u>	75
	d street address of the current rtment of State: (If resigned, c	registered agent and registered office on file with enterresigned)	the
	CORPORATION SERVICE	COMPANY	
	1201 HAYS STREET		2023
	TALLAHASSEE, FL 32301-	2525	1023 HAY -9
6. The name and (ifchanged):	d street address of the new rep	gistered agent (if changed) and /or registered office	PASS'S SE
	C T Corporation System		8: 36 STATE E. FL
	1200 South Pine Island Road		
		P.O. Box NOT acceptable	
	Plantation, Florida 33324		
The street addr	ess of its registered office an I be identical.	d the street address of the business office of its re	rgistered agent.
Such change wanthorized by the	as authorized by resolution on the board, or the corporation	luly adopted by its board of directors or by an off has been notified in writing of the change.	icer so
M. Sa Esta		PIA ESKEW, ASST. SECRETARY	
Thereby accept I further agree of my duties, as document is bei	the appointment as register to comply with the provision of I am familiar with and acc ing filed merely to reflect a c s been notified in writing of t	Printed of typed name and title ed agent and agree to act in this capacity, is of all statutes relative to the proper and completent the obligation of my position as registered a hange in the registered office address. Thereby chis change.	ete performance gent. Or, if this anfirm that the
Salvina Arenta-Gray Vice President Signature of Registered Agent		<u>05/08/2023</u>	
	shalf of an entity:		
<u>_</u>	yped or Printed Name		
	* * * * *	FILING FEE: \$35,00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TAILLAHASSEE, FL 32314
CR2E045 (04/13)

By: