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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

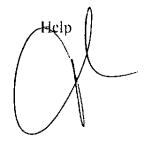
**Enter the email address for this business entity to be used for future-

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REGISTERED AGENT CHANGE CAPTION HEALTH, INC.

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	•	817.0502, 607.1508, or 617.1508, Florida St n organized under the laws of the State of De	
in orde	er to change its registered office o	r registered agent, or both, in the State of Fli	orida.
1. The name of	the corporation: Caption Health, I	1C.	
2. The principal	office address: 500 W Monroe Str	eet, Chicago, IL 60661	
3. The mailing a	nddress (if different):		
4. Date of incor	poration/qualification: 11/12/2013	Document number: F1800000	02075
	d street address of the current regi- timent of State: (If resigned, enter	stered agent and registered office on file with resigned)) the
	CORPORATION SERVICE COM	1PANY	
	1201 HAYS STREET		
	TALLAHASSEE, 32301, FL, USA	A	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			2024 JUN 24
	C T Corporation System		24
	1200 South Pine Island Road		第 罡
	Plantation, Florida 33324	P.O Box NOT acceptable	M 10: 59
The street address changed will	ess of its registered office and the	e street address of the business office of its	•
-		adopted by its board of directors or by an open notified in writing of the change.	fficer so
MILLES	hiw	Pia Eskew - Assistant Secretary	
Signatu	re of an officer or director	Printed or typed name and title	
I further agree to of my duties, an document is bei	to comply with the provisions of all am familiar with and accept ng filed merely to reflect a chang been notified in writing of this c	gent and agree to act in this capacity, all statutes relative to the proper and comp the obligation of my position as registered is se in the registered office address, I hereby change.	lete performance uyent. Or, if this confirm that the
State I- Will	L.	06/17/2024	
-	nature of Registered Agent half of an entity:	Date	
•	•		
	s - VP & Asst. Secy.	-	
•			

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

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

By: