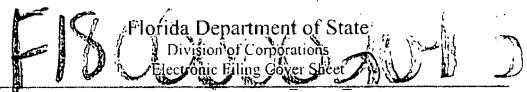
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Division of Corporations



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Division of Corporations

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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## REGISTERED AGENT CHANGE CARAVAN HEALTH, INC.

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J. HORNE MAY 1 2 2022

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

statement of cha	inge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Sta n organized under the laws of the State of <u>Del</u> r registered agent, or both, in the State of Flor	laware	
1. The name of t	the corporation: CARAVAN HEA	LTH, INC.		
		Y SPRINGS PKWY SUITE 310 KANSAS CIT	Y, MO 64153	
3. The mailing a	address (if different):			
4. Dateofincorp	oration/qualification: 04/30/2018	Document number: F180000020	195	
	d street address of the current regi- riment of State: (If resigned, enter	stered agent and registered office on file with resigned)	the	
	CORPORATION SERVICE CON	<b>IPANY</b>		
	1201 HAYS STREET		•	
	TALLAHASSEE, FL 32301-2525			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  CT Corporation System		2022 HAY 11 SECKETAR ALLAHASS		
	C T Corporation System			
	1200 South Pine Island Road		F S	
	Plantation, Florida 33324	P.O. Box NOT acceptable	AH II: 32	
The street addreas changed will	ess of its registered office and the be identical.	e street address of the business office of its re	egistered agent,	
Such change was authorized by the	as authorized by resolution duly he board, or the corporation has b	adopted by its board of directors or by an off been notified in writing of the change.	ficer so	
	matr	Ryan Feldman		
Thereby accept I further agree of my duties, an document is her	wala.  ye of an officer or director  the appointment as registered a  to comply with the provisions of  id I am familiar with and accept  ing filed merely to reflect a chan  s been notified in writing of this	Printed or typed name and title gent and agree to act in this capacity. all statutes relative to the proper and compl the obligation of my position as registered a ge in the registered office address, I hereby to change.	ete performance igent. Or, if this confirm that the	
CT Corporation	1 System Studie Sugar-	04/20/2022		
Sig	mature of Registered Agent	Date		
If signing on be	chalf of an entity:			
Sandra Zwijack,	Assistant Secretary			
т	yped or Printed Name	<del></del>		
	* * * F1L1	NG FEE: \$35.00 * * *		