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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

Email Address:

REGISTERED AGENT CHANGE CLEVELAND DIABETES CARE, INC.

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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Cleveland Diabetes Care, Inc.	
Name of Corporation	
DOCUMENT NUMBER: F1800005238	
The enclosed Statement of Change of Registered Office/Agent and fee are su	ubmitted for filing.
Please return all correspondence concerning this matter to the following:	
Mary Castillo	
Name of Contact Person	
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwest Pkwy, Ste 400	200
Address	22 A
Austin, Texas 78735	
City/State and Zip Code	2022 AUG 30
E-mail address: (to be used for future annual report notification)	ZAUG 30 AMII: 54
For further information concerning this matter, please call:	(· F
Mary Castillo	05-7274 Daytime Telephone Number
Name of Contact Person Area Code & D	Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.	
Mailing Address: Amendment Section Street Address: Amendment Section	,
Division of Corporations Division of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

P.O. Box 6327

Tallahassee, FL 32314

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

statement of cha	provisions of sections 607.0502, 6 nge is submitted for a corporation r to change its registered office of	n organizea	under the la	ws of the State o	f Delaware	
	he corporation: Cleveland Di	~	-	m, m me siare o	, 1 10, 14th	
	office address: 791 Park of C			600		
•	on, FL 33487			. •		
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification: 11/15/2	018	_ Document	number: F180	00005238	
	street address of the current registment of State: (If resigned, enter		and registere	ed office on file	with the	2022
	Richardson, Charles	S			L	AUG
	791 Park of Commerce Bl	v #600			H AHA	2022 AUG 30
	Boca Raton		FL	33487	LAHASSEE	
6. The name and (if changed):	I street address of the new register Registered Agent So			d /or registered (office	M II: 54
	155 Office Plaza Dr.	<u>.</u>	Suite A			
	Tallahassee	P.O. Box NO	Tacceptable 3230	1		
The street addre	ess of its registered office and the be identical.	street add	ress of the bu	siness office of	its registered a	gent,
Such change wa authorized by th	is authorized by resolution duly a ne board, or the corporation has b	adopted by seen notifie	its board of d d in writing	directors or by a of the change.	an officer so	
1st Charles	Richardson re of an officer or director	C <u>h</u>	arles Rich	nardson	President	
oj my auties, an document is bei	the appointment as registered as to comply with the provisions of d I am familiar with and accept ng filed merely to reflect a chang been notified in writing of this c	the obligati se in the re	ree to act in relative to th on of my pos gistered offic	this capacity, te proper and co ition as registed e address, I her	omplete perforn red agent. Or, i reby confirm tha	iance if this it the
Hockey	zidt	0	8/30/2022	2		
Sign	nature of Registered Agent	_		Date		
If signing on bel	half of an entity:					
Mackenzie Hart,	Assistant Secretary	_				
Ту	ped or Printed Name	NO PER 1	£35.00 * * *			