F19000002984

(Requestor's Name)				
(Address)				
(Adalasas)				
(Address)				
(City/State/Zip/Phone #)				
(Only/Otate/Zip/: Holle #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
<u> </u>				

Office Use Only



100393879221

2022 SEP 30 AH II: 10

2022 SEP 30 AM IO: 4

A. BUTLER OCT - 3 2022 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 981-379 8307164
AUTHORIZATION : Symbole man
COST LIMIT : \$ 35.00
ORDER DATE: September 29, 2022
ORDER TIME : 8:36 AM
ORDER NO. : 981379-005
CUSTOMER NO: 8307164
CHANGE OF AGENT
NAME: TOTALMED INC.
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY
XX PLAIN STAMPED COPY CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617 inge is submitted for a corporation o ir to change its registered office or re	rganized under the lav	vs of the State of _	Illinois	
1. The name of t	the corporation: TOTALMED INC.				
2. The principal	office address: 221 W. College Ave.	Floor 2, Appleton, W	l 54911 		-
3. The mailing a	ddress (if different):				_
4. Date of incorp	poration/qualification: 06/28/2019	Document r	number: F190000	002984	
5. The name and Florida Depar	I street address of the current register timent of State: (If resigned, enter res	ed agent and registere iigned)	d office on file wi	ith the	
	FLORIDA FILING & SEARCH SEI	RVICES, INC	_		
	155 OFFICE PLAZA DRIVE			-	
	TALLAHASSEE	FL	32301	-	
6. The name and (if changed):	street address of the new registered Corporation Service Company	agent (if changed) and	l /or registered off	2022 SEP 30	(''
	1201 Hays Street			P 30	LEV
		D. Box NOT acceptable	20004	AM IO:	Ü
	Tallahassee	FL .	32301		371
The street addre as changed will	ss of its registered office and the str be identical.	reet address of the bus	siness office of it		
Such change wa	s authorized by resolution duly ado e board, or the corporation has been	pted by its board of d	irectors or by an	officer so	
Jos	r Bili	Jason Beck	S	President	
Sychatur	e of an officer or director		d or typed name and tit	de	
of my duties, and document is heir corporation has	the appointment as registered agen o comply with the provisions of all. d I am familiar with and accept the 1g filed merely to reflect a change i. been notified in writing of this chan 1 Service Company	sidines relative 10 inc obligation of my posi o the registered office	his capacity. 2 proper and com tion as registered 2 address, I hereb	plete performanc Lagent, Or, if thi sy confirm that the	e S
	Weighod assistant vo prosequit	09/30/2022			
_	sature of Registered Agent		Date		
r aigning on bei	nalf of an entity:				
Ty	ped or Printed Name				

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