

F2 0000 0000 35

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

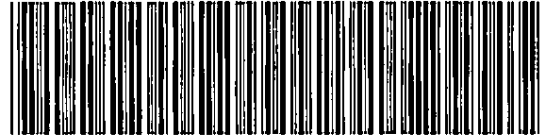
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/26/20--01007--015 **35.00

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AUG 25 2020

FILED
2020 AUG 25 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FL

52 10/09/20



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Meghan Groom meghan.groom@cscglobal.com

Date: August 21, 2020

Order#: 398015-005

Re: ARTICULARIS HEALTHCARE GROUP, INC.

Enclosed please find:

XX Change of Registered Agent and Office.
XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.
XX Issue Proof of Filing.
XX Please return evidence to the following:

Attn: Meghan Groom
c/o Corporation Service Company
251 Little Falls Drive
Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of SC in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ARTICULARIS HEALTHCARE GROUP, INC.
2. The principal office address: 2001 2ND AVENUE SUITE 201
SUMMERVILLE, SC 29486
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/02/2020 Document number: F20000000035
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

PARACORP INCORPORATED

155 OFFICE PLAZA DRIVE, 1ST FLOOR

TALLAHASSEE, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee

FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Jimmy R. Waldrup, CEO

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Corporation Service Company

By: 
Signature of Registered Agent

08/21/2020

Date

If signing on behalf of an entity:

Grace E. Kirby, Asst. Vice President

Typed or Printed Name

*** 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)