

F20 000005706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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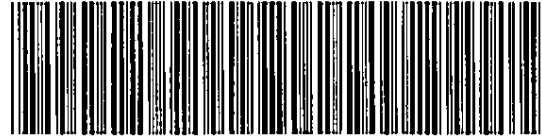
(Business Entity Name)

(Document Number)

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2021 SEP -7 AM 11:28

SECRETARY OF STATE  
TALLAHASSEE, FL 32301

09/17/2021  
JH

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CHESAPEAKE REGIONAL INFORMATION SYSTEM FOR OUR PATIENTS, INC.  
Name of Corporation

**DOCUMENT NUMBER:** F20000005706

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CAYLEIGH LAZARIDES

Name of Contact Person

SPI CORPORATE SOLUTIONS, INC.

Firm/Company

524 S. 2ND ST., SUITE 505

Address

SPRINGFIELD, IL 62701

City/State and Zip Code

CANGLIN@BAKERDONELSON.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAYLEIGH LAZARIDES

Name of Contact Person

at (217) 207-2172

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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 MARYLAND in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CHESAPEAKE REGIONAL INFORMATION SYSTEM FOR OUR PATIENTS, INC  
2. The principal office address: 7160 COLUMBIA GATEWAY DRIVE STE 100 COLUMBIA, MD 21046

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 12/21/2020 Document number: F20000005706

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)

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324

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

UNIVERSAL REGISTERED AGENTS, INC.

1317 CALIFORNIA STREET

P.O. Box NOT acceptable

TALLAHASSEE, FL 32304

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.

DMF

Signature of an officer or director

David Horrocks, President

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.*

Julianne Bass

Signature of Registered Agent

08/30/21

Date

If signing on behalf of an entity:

Julianne Bass, 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)

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