F2 000005706

Florida Department of State
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Fax Number : (850)617-6380

From:
Account Name : SPI AGENT SOLUTIONS, INC.
Account Number : I20230000143
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Fax Number : (518)514-1288

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REGISTERED AGENT CHANGE

CHESAPEAKE REGIONAL INFORMATION SYSTEM FOR OUR PATIE

Certificate of Status	0
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Page Count	02
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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:

Joe DiGaetano
Name of Contact Person

SPI Agent Solutions
Firm/Company

524 S. 2nd Street Suite 505
Address

Springfield IL 62701
City/State and Zip Code

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

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For further information concerning this matter, please call:

Joe DiGaetano at (512) 309-4153
Name of Contact Person 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

CR2E045 (04/13)

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)

   UNIVERSAL REGISTERED AGENTS, INC.

   1317 CALIFORNIA STREET

   TALLAHASSEE, FL 32304

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

   SPI Agent Solutions, Inc.

   1540 Glenway Dr

   P.O. Box NOT acceptable

   Tallahassee FL 32301

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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.

Brandon Neiswender
Signature of an officer or director

Brandon Neiswender Vice 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.

Signature of Registered Agent

3/4/2024
Date

If signing on behalf of an entity:

Lindsay Gates President SPI Agent Solutions, Inc.
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

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