

# F2100000 1995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

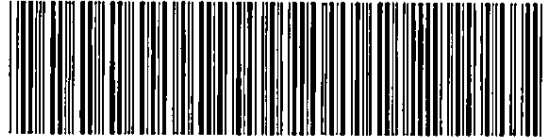
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FL



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I200000000088  
If there are any issues  
please contact Patrice at  
850-202-9071

Date: 06/06/2024

Name: Patrice Rush

Reference #: 2379805

Entity Name: ONR NATIONAL, SPEECH PATHOLOGY, INC.

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

Authorized Amount: \$35.00

Signature: 

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

1. The name of the corporation: ONR National, Speech Pathology, Inc.
2. The principal office address: 1335 Strassner Drive  
St. Louis, MO 63144
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 04/12/2021 Document number: F21000001995
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)

InCorp Services, Inc.

3458 Lakeshore Drive

Tallahassee, FL 32312

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

Cogency Global Inc

115 N Calhoun St Suite 4

P.O. Box NOT acceptable

Tallahassee FL 32301

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TALLAHASSEE, FL

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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.

/s/ James L. Smith

Signature of an officer or director

James L. Smith 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.*

/s/ Timothy Mayville, Assistant Secretary

Signature of Registered Agent

5/23/2024

Date

If signing on behalf of an entity:

/s/ James L. Smith

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)