

F21000005844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

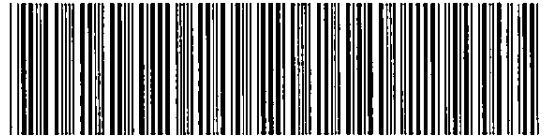
(Document Number)

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2024 JUL -9 11:28

FILED

2024 JUL -9 PM 3:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 533220 8021311  
AUTHORIZATION :   
COST LIMIT : \$35.00

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ORDER DATE : July 2, 2024  
ORDER TIME : 2:20 PM  
ORDER NO. : 533220-003  
CUSTOMER NO: 8021311  
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CHANGE OF AGENT

NAME: RADIOLOGICAL SERVICE TRAINING  
INSTITUTE, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller

EXAMINER'S INITIALS: \_\_\_\_\_

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

1. The name of the corporation: RADIOLOGICAL SERVICE TRAINING INSTITUTE, INC.

2. The principal office address: 30745 Solon Road Solon, OH 44139

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

4. Date of incorporation/qualification: 10/13/2021 Document number: F21000005844

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):

Corporation Service Company  
1201 Hays Street  
Tallahassee FL 32301  
P.O. Box NOT acceptable

REC'D - 9 11:20

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/ Brian Landon  
Signature of an officer or director

Brian Landon Authorized Person  
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.*

By: Grace E. Kirby  
Signature of Registered Agent

07/02/2024  
Date

If signing on behalf of an entity:

Grace E. Kirby, Asst. Vice President  
Typed or Printed Name

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