K69600

FILED

98 DEC -2 PN 3: 11

SECRETARY OF STATE
SECRETARY OF STATE
TAIL ANIASSEE, FLORID

TOTAL SYSTEM			FILORIDA	-
CT CORPORATION SYSTEM Requestor's Name 660 East Jefferson Stree Address Tallahassee, FL 32301 City State Zip	222-1092 Phone	5000; **	2/02/9801048	
CORPORATION		<u> </u>		
		t 1		
			770/	
American Home	Ox-CIN And	Hospital Equip	ment, the	
Ameroids				
	**		•	i tillen I næli:
() Profit	() Amendi	ment	() Mərgər	: - ·
() NonProfit () Limited Liability Co.	() Dissolu	tion/Withdrawal	() Mark	
() Foreign	• •		() Other uce	
() Limited Partnership () Reinstatement	() Annual () Reserv	Report ation	Change of	R.A. \(\)
	() Photo	Copies	() CUS	
() Certified Copy	() Call if		(.) After 4:30	
() Call When Ready	() Call II	PTODISIT	Pick Up	-
Walk In () Mail Out				
Name Availablilty Document	12/2		FIE STAM	÷ .
Examiner	•	JEFI	FREY D. BUTTE	RFIELD
Updater Verifier 2			,	
Acknowledgment				
	-	•		

W.P. Verifier

Florida Department of State, Sandra B. Mortham, Secretary of State

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

	•	ons 607.0502, 617.0. l under the laws of th			, Florida Sta	itutes, the
_	-	order to change its re	egistered office	or registered	l agent, or be	oth, in the
State of Florida 1. The name of		American Home	Oxygen and	Kospital	Equipment	., Inc.
2. The mailing a	address of the corpo	ration is: 420 Agı	mac Avenue			
		Jackso	nville, FL	32254	<u> </u>	
Date of inco	rporation/qualificati	on: 02/28/89	Docum	ent number:	K69600)
4. The name an	d address of the cur	rent registered agent	and office:			TESSECT.
	Burney Biver	<u>15</u>				<u> </u>
	1543 Kingsl	ey Avenue, Suit	e 18-B	•	-	\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
5. The name an	Orange Park Id address of the nev C T Corpora c/o C T Cor	, FL 32073 vregistered agent and tion System poration Syster	d office: (P. O. I	Box Not Acc	eptable)	E, FLUME.
	1200 South	Pine Island Roa	đ		.	,
	Plantation,	FL 33324			<u>.</u>	
The street add	ress of its registered ged, will be identicated	d office and the stree	et address of th	e business of	ffice of its re	gistered
Such change vauthorized by	vas authorized by re the board.	esolution duly adopt	ted by its board	of directors	or by an off	icer so
Lugence	RE-			· .	11/2019	8
(Signatu	ire of an officer, chairr	nan or vice chairman of	f the board)		(Date)	
Eugene F	P. Crisman, Vic (Printed or ty	e President		· · · · ·	11/201	98
	named as registered hereby accept the e to comply with th of my duties, and I	ped name and title) d agent and to accep appointment as reg e provisions of all si am familiar with an	ot service of pro istered agent a tatutes relative d accept the ob	ocess for the nd agree to to the prope oligation of r	above state act in this corr and comp my position	ed apacity. lete as
0 0	Str	6 Watt		/	1-25-9	28
	(Signature of Register	ed Agent) Steven C. P	Pattereon	(1	Date)	
If signing on bel	nalf of an entity:	Special Assista				
	(Typed or Printed Na	me)		(Capac	city)	
CR2E045(4/95)					filing fee	: \$35.00