

L09000102174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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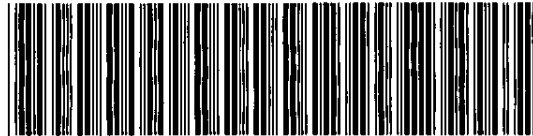
(Business Entity Name)

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2016 SEP 12 A 10:00  
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TALLAHASSEE, FLORIDA

16 SEP 12 PM 2:28

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SEP 13 2016  
J. BRUCE

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

ACCOUNT NO. : I20000000195  
REFERENCE : 270988 7385899  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 25,000

ORDER DATE : August 29, 2016  
ORDER TIME : 8:45 AM  
ORDER NO. : 270988-005  
CUSTOMER NO: 7385899

CHANGE OF AGENT

NAME: AT HOME INFUSION SERVICES LLC

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PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AT HOME INFUSION SERVICES LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jenny Tran, Esq.  
\_\_\_\_\_

Name of Person

Brown & Streza, LLP  
\_\_\_\_\_

Firm/Company

40 Pacifica, Suite 1500  
\_\_\_\_\_

Address

Irvine, CA 92618  
\_\_\_\_\_

City/State and Zip Code

jenny.tran@brownandstreza.com  
\_\_\_\_\_

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

For further information concerning this matter, please call:

Jenny Tran, Esq. at ( 949 ) 453-2900  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: AT HOME INFUSION SERVICES LLC

2. (a) <u>3500 NW BOCA RATON BLVD</u> Principal office address of limited liability company: (Note: <b>MUST BE STREET ADDRESS</b> )  <u>SUITE 704</u>  <u>BOCA RATON, FL 33431</u>	(b) <u>17777 CENTER CT DR</u> Mailing address of limited liability company: (Note: <b>MAY BE POST OFFICE BOX</b> )  <u>SUITE 550</u>  <u>CERRITOS, CA 90703</u>
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3. <u>10/22/2009</u> Date of filing/registration in Florida	4. <u>L09000102174</u> Document number
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5. (a) KAREN KACZMAREK  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

3725 NW 3RD AVE  
 Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**  
  
BOCA RATON, FL 33431

(b) Corporation Service Company  
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
  
1201 Hays Street  
**NEW Registered Office Address:**  
  
Tallahassee, FL 32301

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

 _____ Signature of a member or authorized representative of a member	Sohail Merchant, CFO _____ Printed or typed name of signee
--	--

*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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
 Signature of Registered Agent Corporation Service Company BY: SARAH THOMAS, ASSIST. SECRETARY

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
 FILING FEE: \$25.00