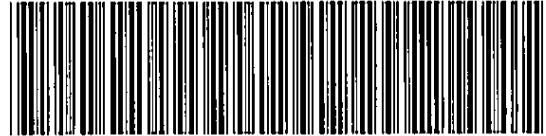


L21000534641



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STATE OF FLORIDA

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Y SULKER
FEB 16 2022

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entry Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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

ACCOUNT NO. : I20000000195

REFERENCE : 471931 5055433

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : February 11, 2022

ORDER TIME : 2:25 PM

ORDER NO. : 471931-010

CUSTOMER NO: 5055433

CHANGE OF AGENT

NAME: EVENTUS INFUSION, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX ____ PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: _____

**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: Eventus Infusion, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

805 N. Whittington Pkwy

Louisville, KY 40222

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

805 N. Whittington Pkwy

Louisville, KY 40222

12/28/2021

L21000534641

3. 12/28/2021 Date of filing/registration in Florida

4. L21000534641 Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

John E. Ford, Jr.

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

14153 Mindello Drive

Fort Myers, FL 33905

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

Tallahassee, FL 32301

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2021 FEB 15 AM 9:16
TALLAHASSEE, FL

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.

Richard Iriye
Signature of a member or authorized representative of a member

Richard Iriye

Printed or typed name of signer

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.

Charles Willard, A.V.P.
Signature of Registered Agent

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