

MD5000005366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

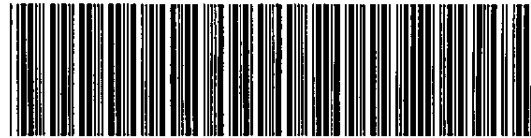
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 SEP - 8 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CRM
9-15-14



CORPORATION SERVICE COMPANY

CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS
From: Chelsey Martine cmartin0@cscinfo.com
Date: September 5, 2014
Order#: 278533-001
Re: S & S HEALTHCARE STRATEGIES, LTD.

Enclosed please find:

☒ Change of Registered Agent and Office.
☒ Check in the amount of \$35.

Please take the following action:

☒ File in your office on a routine basis.
☒ Issue Proof of Filing.
☒ Please return evidence to the following:

Attn: Chelsey Martine
c/o Corporation Service Company
2711 Centerville Road, Suite 400
Wilmington, DE 19808

☒ Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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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: S & S HEALTHCARE STRATEGIES, LTD. CO.

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

1385 Kemper Meadow Drive

P.O. Box 4651

Cincinnati, OH 45240

Cincinnati, OH 45240

09/27/2005

M05000005366

3. Date of filing/registration in Florida

4. Document number

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

NRAI SERVICES, INC.

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

1200 South Pine Island Road

Plantation, FL 33324

(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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TALLAHASSEE, FLORIDA

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 an authorized representative of a member

Dona Priebe, Authorized Person

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

Sylvia Queppet Corporation Service Company BY: Sylvia Queppet, Assistant Vice President

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00