## M07000005165

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(2.2.2.2.)						
(Document Number)						
,						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: January 22, 2021

Order#: 615580-014

Re: BIOSCRIP INFUSION SERVICES, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25\_\_\_.

Please take the following action:

XX File in your office on a routine basis.

XX \_\_ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX 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.

QUCA.XCOA

## 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.	BIOSCRIP INFUSION SERVICES, LLC  1. Name of the limited liability company:					
2	(a)	3000 Lakeside Drive, Suite 300N	(	(b)		
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		<u> </u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		Bannockburn, IL 60015-5405				
		08/24/2007		M070000	05165	
<ul><li>3.</li><li>5.</li></ul>	(a)	Date of filing/registration in Florida Cogency Global Inc.	4.		Document number	
.,.	()	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 115 North Calhoun Street, Suite 4			te:	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_	
		Tallahassee	FL3230	1	_	
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:  Corporation Service Company			<i>7</i> F7' U.'' \$5	
		NEW Registered Office Address:			- · <u>:</u>	
		1201 Hays Street			Ć,	
		Tallahassee	FL. 32301	·	- In: 0	
cha age wa	inge ent w s/we	mited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the membe cles of organization or the operating agreement of	the register Hiability cors rs of the fir	ed office an ompany, it i nited liabilit	nd the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in	
/s/ Jill Çilmi Jill Cilmi, Autho					orized Person	
Signature of a member or authorized representative of a member					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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is beto merely reflect a change in the registered office address, I hereby confirm that the limited liability company has notified in writing of this change.						
7,171	,,,,,	Cei, M Lei	Corporat	ion Service	: Company	
Signature of Registered Agent An			Ami M. 0	Ami M. Casper, Asst. Vice President		