## M0900000073L

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(,						
PICK-UP WAIT MAIL						
(Dusiness Seite Mans)						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
Special manuacions to 1 ming emicer.						
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KIKNB



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#: 615580-143

Re: INFUSION PARTNERS, 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.

I. Name of the limited liability company:						
2.	(a)	3000 Lakeside Drive, Suite 300N	(b	o)		
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		Bannockburn, IL 60015-5405				
		02/20/2009		M0900000	00736	
<ol> <li>3.</li> <li>5.</li> </ol>	(a)	Date of filing/registration in Florida Cogency Global Inc.	4.		Document number	
٥.	(4)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  115 North Calhoun Street, Suite 4			<del>-</del> e:	
		Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS	'ADDRESS)		
		Tallahassee	. FL32301		- ~2	
	(h)		1000	<del></del>	- -	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> Corporation Service Company	ered Office ad	<u>aress</u> :		
		NEW Registered Office Address:			-	
		1201 Hays Street			9: L7	
		Tallahassee	32301 FL		_	
ch age wa	ange ent w is/we	mited liability company is not organized under the or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the membe cles of organization or the operating agreement of	the registere I liability co rs of the lim	d office and mpany, it is ited liability	d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in	
/s/ Jill Cilmi Jill Cilmi, Author					rized Person	
Signature of a member or authorized representative of a member					Printed or typed name of signee	
pro the to	ovisio v obli merc	oy accept the appointment as registered agent and ons of all statutes relative to the proper and complete in the proper and complete in the registered agent as proved to reflect a change in the registered office address	ete nerforma	mce of my a	luties, and I am familiar with and accept-	
notified in writing of this change Corpo				on Service	Company	
Signature of Registered Agent An			Ami M. C	Ami M. Casper, Asst. Vice President		