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(Re	equestor's Name)				
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					
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Office Use Only



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TSCHROEDER



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: October 8, 2019

Order#: 916412-020

Re: DIRECTHEALTH.COM, 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.	Na	ane of the limited liability company: DIRECTHEALTH	I.COM,	LC	
2	(a)	2200 Fletcher Avenue, 4th Floor	(b)	•	
- .	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	, N	Aniling address of limited liability company: (Note: MAY BE POST OFFICE BON)
		Fort Lee, NJ 07024	-		
		07/07/2014		M1400000	04787
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	Registered Agent Solutions, Inc.			
٧.	(a)	Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of State	:
		155 Office Plaza Drive, Suite A			₹ -
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				新 3 7 7
					三
		Tallahassee , FL	32301		
	(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered O	Office add	ress:	ILED Mili:24 Segritari segri
					3.
		1201 Hays Street			
		NEW Registered Office Address:			
		Tallahassee	32301		
th ag w	e cha jent v as/ v ro	imited liability company is not organized under the laws inge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he regis pility co the lim	tered office mpany, it is ited liability	and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in
		Xel & GONE	Jill C	illmi, Autho	rized Person
pr th to no	herey covisi e obl mere otified	fure of a member or authorized representative of a member hypococept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address. I he I in writing of this change.	erforma for in C ereby co	ince of my c hapter 605 infirm that i	luties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been
٠,	énan	re of Registered Agent Corporation Service Company	DI. M	m wi. Cas	per, Asst, Vice President