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Division of Corporations

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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)573-3996 Fax Number : (954)208-0845

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LLC REGISTERED AGENT CHANGE PROMPTCARE HOME INFUSION, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
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Help. LEMIEUX FEB 10 2022

Signature of Registered Agent

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. N	ame of the limited liability company: PROMPTCARE	HOME INFUSION L	.LC			<u></u>		
,	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)	(b) Mailing address of limited liability company. (Note: MAY BE POST OFFICE BOX)						
	41 Spring Street, Suite 103B	41 Spring	Street, Suite 103B					
	New Providence, NJ 07974		ndence, NJ 07974					
	04/29/2019	M : 900000						
3.	Date of filing/registration in Florida		Document number					
5. (a)	Corporation Service Company							
u (a)	Registered Agent and Registered Office shown on the records of	f the Florida Dept. of Sta	ie:					
	Registered Office Address - IMUST BE FLORIDA STREET	ADDRESS)						
	1201 Hays Street			٠.	22			
	Talahassee Fl				F(6)			
(b)					6- a	-		
(0)	C.T. Corporation System Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	- -		;			
				4.8. *	·,	¹		
	NEW Registered Office Address:							
	1200 South Pine Island Road	<u> </u>						
	Plantation Fi	33324 L	_					
the chi agent was/w the art Sign. I here provise the obtoner	imited liability company is not organized under the la lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited the creamthorized by an affirmative vote of the members icles of organization or the operating agreement of the lattice of a member of authorized representative of a member by accept the appointment as registered agent and against of all statutes relative to the proper and complete ligations of any position as registered agent as provide ely reflect a change in the registered office address, I din writing of this change.	ws of the State of Fl f the registered offic iability company, it of the limited liability contains a liability contai	orida, it is hereby the and the business is hereby confirm ty company or as impany. Printed or typed as pacity. I further a duties, and I am 3, F.S. Or, if this ine limited liabil.	is office of that the otherwise of signed from the of signed from the office of the office of the office of the office office of the office of	f the ree change provide	egistered ge(s) ded in with the		