PO1000104346

(Requestor'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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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Logan Hall logan.hall@cscglobal.com

Date: October 31, 2018

Order#: 458906/008

Re: COMPREHENSIVE PLUS, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX ___ File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Logan Hall c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

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

INCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florido organized under the laws of the State of egistered agent, or both, in the State of	f FL	
1. The name of t	he corporation: COMPREHENSIVE	PLUS, INC.		
2. The principal	office address: 6450 NW 5th Way, F	Fort Lauderdale, FL 33309		
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 10/29/2001	Document number: P01000	0104346	
	I street address of the current register tment of State: (If resigned, enter res	red agent and registered office on file v signed)	with the	
	MOSKOWITZ, MICHAEL W, ESQ.	<u>'</u>		
	800 CORPORATE DRIVE SUITE 500			
	FORT LAUDERDALE	FL 33334	ALLANI ACCANI B NOV B NOV	
6. The name and (if changed):		agent (if changed) and /or registered o		
	Corporation Service Company		- 1081 09	
	1201 Hays Street	NOT acceptable	TOA	
	Tallahassee	FL 32301		
The street addre	ss of its registered office and the stube identical.	reet address of the business office of i	- its registered agent.	
Such change wa authorized by th	s authorized by resolution duly ado e board, or the corporation has beer	pted by its board of directors or by an n notified in writing of the change.	officer so	
Synaui	e of an officer or director	Jill Cilmi, Vice President	itle	
I further agree to performance of a gent. Or, if thi hereby confirm to	my dutiès, and I am familiar with ai	statutes relative to the proper and con nd accept the obligation of my position reflect a change in the registered offi	ni as registered	
By: SIER	nature of Registered Agent	10/31/2018		
	nalf of an entity:			
_	Assistant Vice President			
Ty	ped or Printed Name			

* * * FILING FEE: \$35.00 * * *