

9/15/2020

Division of Corporations
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

08000102522

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To: Division of Corporations
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 SEP 16 2020

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
 OPTUM INFUSION SERVICES 205, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
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Amend

850-617-6381

9/16/2020 4:46:57 PM PAGE 1/001 Fax Server



September 16, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

OPTUM INFUSION SERVICES 205, INC.
15529 COLLEGE BLVD.
LUNEXA, KS 66219US

SUBJECT: OPTUM INFUSION SERVICES 205, INC.
REF: P08000102522

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

FAX Aud. #: H20000321287
Letter Number: 920A00017657

DocuSign Envelope ID: D5CF663D-8F9F-4646-A96A-E9DB4E557C73

Articles of Amendment
to
Articles of Incorporation
of

OPTUM INFUSION SERVICES 205, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P08000102522

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

_____ *The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

2020 SEP 15 AM 10:54

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable
 The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

DocuSign Envelope ID: D5CF663D-8F9F-4646-A96A-E9DB4E557C73

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B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

2020 SEP 15 AM 11:33

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____ Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

DocuSign Envelope ID: D5CF663D-8F9F-4646-A96A-E9DB4E557C73

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval
by _____"
(voting group)

Dated 9/10/2020

Signature _____
DocuSigned by:
Heather Anastasia Lang
065206E7D446442

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Heather Anastasia Lang,

(Typed or printed name of person signing)

Assistant Secretary

(Title of person signing)