P15000096716

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I ALBRITTON



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: June 21, 2016

Order#: 172189/007

Re: HEALTH OPTION ONE, 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:Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400 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	provisions of sections 607.0502, 617. Inge is submitted for a corporation of Ir to change its registered office or re	rganized under the la	ws of the State of Flor	ida
1. The name of	the corporation: Health Option One,	inc.		
	office address: 1002 East Newport C		00, Deerfield Beach, F	FL 33442
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 12/03/2015	Document	number: P150000967	716
	d street address of the current register runent of State: (If resigned, enter res		ed office on file with the	he
•	NRAI Services, Inc.			
	1200 South Pine Island Road	•		TAS 2
	Plantation	FL	33324	2016 JUN 23 SECRETARY ALLAHASSE
6. The name and (if changed):	d street address of the new registered	agent (if changed) an	d /or registered office	[77]
	Corporation Service Company		<u> </u>	PH I: 33
	1201 Hays Street			33 33
	P.O. Box Taliahassee	NOT acceptable FL	32301	
	ess of its registered office and the sta be identical. as authorized by resolution duly ado he board, or the corporation has been			
	Lie dourd, out no corporation has been		S COHEN, Authori	
Thereby accept I further agree performance of agent. Or, if th hereby confirm	the of an officer or director the appointment as registered agen to comply with the provisions of all my duties, and I am familiar with a is document is being filed merely to that the corporation has been notifi on Service Company	Printe t and agree to act in statutes relative to th nd accept the oblivat	ed or typed name and title this capacity. e proper and complet ion of my position as	te registered
By: 💢	nace C-Kubie	06/20/2016	Date	
If signing on be	enature of Registered Agent \ chalf of an entity:		Date	
	, Asst. Vice President Typed or Printed Name			
-	Aban at section rights			

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