

3/30/2020

Division of Corporations

P18000078264
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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To: Division of Corporations
 Fax Number : (850)617-6380

From: Account Name : CORPORATION SERVICE COMPANY
 Account Number : I20000000195
 Phone : (850)521-0821
 Fax Number : (850)558-1515

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**REGISTERED AGENT CHANGE
 BUTLER HEALTHCORP, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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H20000096043 3**COVER LETTER**

TO: Amendment Section
Division of Corporations

SUBJECT: Butler Healthcorp, Inc.
Name of Corporation

DOCUMENT NUMBER: P18000078264

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Debbie Puetz

Name of Contact Person

Cottingham & Butler

Firm/Company

800 Main Street

Address

Dubuque, IA 52001

City/State and Zip Code

licensing@cottinghambutler.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debbie Puetz

Name of Contact Person

at (563)

587-5194

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

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H20000096043 3**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of IA in order to change its registered office or registered agent, or both, in the State of Florida.

- The name of the corporation: Butler Healthcorp, Inc
- The principal office address: 800 Main St. Dubuque, IA 52001
- The mailing address (if different): _____
- Date of incorporation/qualification: 3/29/93 Document number: P18000078264
- The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CT Corporation1200 South Pine Island RoadPlantationFL 33324

- The name and street address of the new registered agent (if changed) and/or registered office (if changed):

Corporation Service Company1201 Hays StreetP.O. Box NOT acceptableTallahasseeFL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Timothy L. Benson
Signature of an officer or director

Timothy L. Benson
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Corporation Service Company

By: [Signature]
Signature of Registered Agent

03/30/2020Date

If signing on behalf of an entity:

KADESHA ROBERSON, ASST VICE PRESIDENTTyped or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314

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