P38712

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INTERNATIONAL REHABILITATIVE SCIENCE INC

TYPE OF FILING: STATEMENT OF CHANGE

COST:

35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: INTERNATIONAL REHABILITATIVE SONAME of Corporation	CIENCES, INC.	
DOCUMENT NUMBER: P38712		
The enclosed Statement of Change of Registered Off	ice/Agent and fee are submitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
JOELLE CHURIK		
Name of Contact Person		
UNISEARCH, INC.		
Firm/Company		
1485 ABERDEEN COURT		
Address		
NAPERVILLE, IL 604564		
City/State and Zip Code		
UNISOP@UNISEARCH.COM		
E-mail address: (to be used for future annual rep	ort notification)	
For further information concerning this matter, please	e call:	
JOELLE CHURIK	at (⁸⁴⁴) 437-3663 Area Code & Daytime Telephone Number	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the Depa	artment of State.	
Mailing Address: Amendment Section	Street Address: Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

CR2E045 (04/13)

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

Pursuant to the provisions of sections 607,0502, 617,0502 statement of change is submitted for a corporation organization order to change its registered office or register	ized under the laws of the State of WASHINGTON		
1. The name of the corporation: INTERNATIONAL REHA 2. The principal office address: 14001 SE FIRST AVENUE	ABILITATIVE SCIENCES, INC. VANCOUVER, WA 98684		
3. The mailing address (if different):			
4. Date of incorporation/qualification: 05/05/1992	Document number: P38712		
5. The name and street address of the current registered ag Florida Department of State: (If resigned, enter resigned	gent and registered office on file with the		
COGENCY GLOBAL INC.			
115 NORTH CALHOUN STREET, SUITE	TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 and street address of the new registered agent (if changed) and /or registered office SSEC UNISEARCH, INC. UNISEARCH, INC.		
TALLAHASSEE, FL 32301	TALLAHASSEE, FL 32301		
6. The name and street address of the new registered agen (if changed):	t (if changed) and /or registered office		
UNISEARCH, INC.	- 100 00 1 円記 30 1		
155 OFFICE PLAZA DRIVE			
P.O. Box TALLAHASSEE, FL 32301	NOT acceptable		
The street address of its registered office and the street a as changed will be identical.	address of the business office of its registered agent,		
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been not	by its board of directors or by an officer so ified in writing of the change.		
Richard Terrell Signature of an officer or director	RICHARD TERRELL, PRESIDENT		
Signature of an officer or director I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all statu of my duties, and I am familiar with and accept the oblig document is being filed merely to reflect a change in the corporation has been notified in writing of this change.	Printed or typed name and title I agree to act in this capacity, tes relative to the proper and complete performance gation of my position as registered agent. Or, if this registered office address, I hereby confirm that the		
Joelle Churik	05/01/2021		
Signature of Registered Agent Joelle Churik, Asst. Secretary	Date		
If signing on behalf of an entity:			
UNISEARCH, INC.			
Typed or Printed Name			
* * * FILING FER	E: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)