

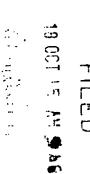
(Re	equestor's Name)
(Ad	idress)
(Ác	ldress)
(Ci	ty/State/Zip/Phone #)
· PICK-UP	☐ WAIT ☐ MAIL
(Bu	siness Entity Name)
(Do	ocument Number)
Certifi ad Copies	Certificates of Status
Special Instructions to	Filing Officer:
	Office Use Only



400319232674

10/16/18--01025--004 **35.00

S TALLENT OCT 2 3 2018



RIARIA



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscqlobal.com

Date: October 12, 2018

Order#: 430921-004

Re: NATARE CORPORATION

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

. Please take the following action:

XX ___ File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ashley Seeman

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

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

QUCA.XCOA

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

statement of cha	nge is submitted for a corp	1502, 617.0502, 607.1508, or 6 pration organized under the la fice or registered agent, or ha	iws of the State of INC	DIANA	
1. The name of t	the corporation: NATARE C	ORPORATION	- 2-	-	
		H ST, INDIANAPOLIS, IN 46	278		
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 09/0	4/1992 Document	number: P40435	<u>-</u>	
	I street address of the current timent of State: (If resigned,	nt registered agent and register enter resigned)	ed office on file with	the	
	C T CORPORATION SYS	TEM			
	1200 SOUTH PINE ISLAN	ID ROAD			
	PLANTATION	FL	33324		
6. The name and (if changed):	I street address of the new re	egistered agent (if changed) ar	nd /or registered office	OCT 15	
	Corporation Service Comp	pany			. (
	1201 Hays Street	<u> </u>		3	•
	Tallahassee	P.O. Box. NOT acceptable	32301	. 	ı
The street addre as changed will	ess of its registered office as be identical.	nd the street address of the bu	isiness office of its re	gistered agen	ıt,
Such change wa authorized by th	is authorized by resolution to board, or the corporation	duly adopted by its board of chas been notified in writing	directors or by an offi of the change.	icer so	
//	efot.	Michael Walsh	, President		
Signatu	re of an officer or director	Print	ed or typed name and title		
l further agree t performance of agent. Or, if thi hereby confirm	o comply with the provision my duties, and I am familia	red agent and agree to act in ns of all statutes relative to th ir with and accept the obligat terely to reflect a change in t en notified in writing of this	ne proper and comple tion of my position as	registered	
By:	mace Cokubia	10/11	/2018		
Sign	lature of Registered Agent		Date		
lf signing on bel	half of an entity:				
Grace E. Kirby,	Asst. Vice President				
Ty	ped or Printed Name	 -			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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