P97000005464

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only

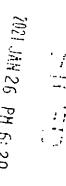


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MAR 1 0 2021

S. YOUNG





CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: January 22, 2021

Order#: 615580/168

Re: NATIONAL HEALTH INFUSION, 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:Ami Casper

c/o Corporation Service Company

251 Little Falls Drive 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	nge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida Statutes, t organized under the laws of the State of <mark>Florida</mark> registered agent, or both, in the State of Florida.	his
1. The name of	the corporation: NATIONAL HEAL	TH INFUSION, INC.	
2. The principal	office address: 3000 Lakeside Driv	ve, Suite 300N, Bannockburn, IL 60015-5404	
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 01/17/1997	Document number: P97000005464	
	d street address of the current register rtment of State: (If resigned, enter re	ered agent and registered office on file with the esigned)	
	Cogency Global Inc.		
	115 North Calhoun Street, Suite	4	
	Tallahassee	FL 32301	2021
6. The name and (if changed):	d street address of the new registere	d agent (if changed) and /or registered office	2021 JAN 26
	Corporation Service Company	<u> </u>	7
	1201 Hays Street		6: 2
		P.O. Box NOT acceptable	
	Tallahassee	FL 32301	
as changed will	be identicăl.	street address of the business office of its register	
Such change wa author(zed by th	as authorized by resolution duly ache board, or the corporation has be	lopted by its board of directors or by an officer so en notified in writing of the change.)
/ Xel	i E. Wener	Jill Cilmi, Vice President	
Signatu	re of an officer or director	Printed or typed name and title	
I further agree i of my duties, an document is bei corporation has	to comply with the provisions of al ad I am familiar with and accept th	ent and agree to act in this capacity. Il statutes relative to the proper and complete per ne obligation of my position as registered agent. In the registered office address, I hereby confirmage.	Or, if this
ву: С	in Leil	01/22/2021	
Sig	nature of Registered Agent	Date	
If signing on be	chalf of an entity:		
Ami M. Casper,	Asst. Vice President		
T	yped or Printed Name		

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