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Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845

Fax Number : (614)573-3996

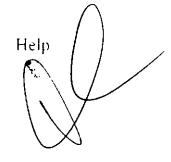
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: dschamber@carenethealthcare.com

## REGISTERED AGENT CHANGE INFOMEDIA GROUP, INC.

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To:

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

statement of cha	provisions of sections 607,0502, 617,0 inge is submitted for a corporation org ir to change its registered office or regi	anized under the laws of the State	e of Texas		_
1. The name of t	the corporation; Infomedia Group, Inc.				
2 The principal	office address: 11845 IH-10 W., SUITE	400, San Antonio, TX 78230			
3. The mailing a	iddress (if different):				<u> </u>
<ol> <li>Date of incorp</li> </ol>	poration/qualification: 02/01/2002	Document number: F110	000000953		
	I street address of the current registered timent of State: (If resigned, enter resigned)		le with the		
	Corporation Service Company	_			
	1201 Hays Street			21	
	Tallahassee, FL 32301		=:	2023 HAR	
6. The name and (if changed):	l street address of the new registered ag	ent (if changed) and /or registere	ed office	10	- =====================================
	C T Corporation System			1	
	1200 South Pine Island Road		## (.	8: 52	
	P.O.1 Plantation, Florida 33324	Box NOT acceptable		10	
The street addreas changed will	ess of its registered office and the stre be identical.	et address of the business office	of its regis	stered a	gent,
Such change wa	as authorized by resolution duly adoptic board, or the corporation has been	led by its board of directors or b	y an office	r so	
ишкитест бу п	Donice Bell	Denise Bell, Assistant Secreta			
Signatu	re of an officer or director	Printed or typed name	and title		_
l further agrée i of my duties, an document is hei corporation hay	the appointment as registered agent of comply with the provisions of all stad I am familiar with and accept the oing filed merely to reflect a change in a seen notified in writing of this change.	atutes relative to the proper and	t complete :	pertorn it. Or i tirm tha	iance I this ii the
CT Corporation	System San Chamb	01/30/2023			
Sig	nature of Registered Agent	Date			
lf signing on be	half of an entity:				
SEAN L. EMER	ICK, ASSISTANT SECRETARY				
T	yped or Printed Name				
	* * ^ FILING I	FEE: \$35.00 * * *			

Make CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TAILAHASSEE, FL 32314 CR2F(45 (64/13)

Ву: