

6/22/2021

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

F14000001396

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

From:
 Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (614)280-3338
 Fax Number : (954)208-0845

2021 JUN 22 AM 9:57

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

Email Address: _____

DEPARTMENT OF STATE
FALL ABBASSEE, FLORIDA

2021 JUN 22 AM 8:16

FILED

REGISTERED AGENT CHANGE CHEETAH MEDICAL, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
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JUN 23 2021

S. PRATHEP

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Corporate Filing Menu

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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 DE in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: CHEETAH MEDICAL, INC.
- 2. The principal office address: 1320 CENTRE STREET SUITE 401
NEWTON CENTER, MA 02459
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: DE Document number: FI4000001396
- 5. 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)

INCORPORATING SERVICES, LTD.
1540 GLENWAY DRIVE
TALLAHASSEE, FL 32301

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

C T Corporation System
1200 South Pine Island Road
P.O. Box NOT acceptable
Plantation, Florida 33324

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.

Matthew Rice
Signature of an officer or director

Matthew Rice, Assistant Secretary
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.

C T Corporation System
 By: *Jeanne Nelson*
Signature of Registered Agent

5/15/2021
Date

If signing on behalf of an entity:
Jeanne Nelson, Asst. Secretary
Typed 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
 CR2E045 (04/15)

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 TALLAHASSEE, FLORIDA