

N15 0000 10562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

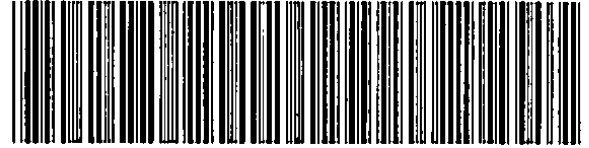
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CardioVascular Coalition
Name of Corporation

DOCUMENT NUMBER: N15000010562

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andrew L. Woods

Name of Contact Person

Liberty Partners Group

Firm/Company

300 New Jersey Avenue, NW

Address

Washington, DC 20001

City/State and Zip Code

awoods@libertypartnersgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrew L. Woods

Name of Contact Person

at (443) 253-4662

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

1. The name of the corporation: CardioVascular Coalition Inc.

2. The principal office address: 300 New Jersey Avenue, NW, Suite 900, Washington, D.C. 20001

3. The mailing address (if different): 300 New Jersey Avenue, NW, Suite 900, Washington, D.C. 20001

4. Date of incorporation/qualification: October 29, 2015 Document number: N15000010562

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)

Sawyer Smith

2200 Broadway

Fort Myers, FL 33901

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

Law Offices of Andrew L. Woods

11600 Court of Palms, Unit 404

P.O. Box NOT acceptable

Fort Myers, Florida 33908

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STATE DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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.

M. Melesko

Signature of an officer or director

Marjorie Melesko

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.

AW

Signature of Registered Agent

November 2, 2021

Date

If signing on behalf of an entity:

Andrew L. Woods

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