

1/24/23, 10:07 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H230000301773)))



H230000301773ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

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

Email Address: _____

STATE OF FLORIDA
TALLAHASSEE, FL.

2023 JAN 24 AM 8:59

FILED

REGISTERED AGENT CHANGE
CONSCIENTIA HEALTH P.A.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

2023 JAN 24 PM 12:24

Electronic Filing Menu

Corporate Filing Menu

Help

**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: Conscientia Health P.A
2. The principal office address: 734 Irma ave
Orlando FL 32803
3. The mailing address (if different): 734 irma ave Orlando Florida 32803
4. Date of incorporation/qualification: 01/31/22 Document number: P22000009565
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)

GERMAN, COURTNEY
3136 HUTTERSFIELD CIRCLE
TALLAHASSEE, FL 32303

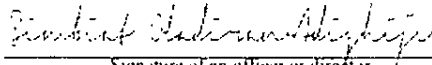
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

Northwest Registered Agent LLC
7901 4th St N STE 300
St. Petersburg, FL 33702

P.O. Box NOT acceptable

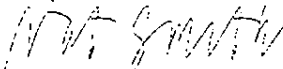
The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

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.


Signature of an officer or director

Simbiat Oladiran-Adighije
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.*


Signature of Registered Agent

Nat Smith

Date

If signing on behalf of an entity:

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 (04/13)

FILED
2023 JAN 24 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FL