Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (813)436-5206

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

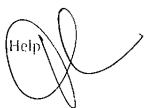
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REGISTERED AGENT CHANGE SAKAAN EMERGENCY MEDICINE CORP

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu



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

To: 18506176380

statement of cha	nge is submitted for a corporation	17,0502, 607,1508, or 617,1508, Florida Sto worganized under the laws of the State of <mark>Flo</mark> wegistered agent, or both, in the State of Flo	rida				
	he corporation: Sakaan Emergency						
3. The mailing a	ddress (if different):						
4. Date of incorp	oration/qualification: 10/25/22	Document number: P220000817	744				
	street address of the current regis tment of State: (If resigned, enter	tered agent and registered office on file with resigned)					
	MARRERO, ALEXIS		24 F				
	18489 N US HWY 41 #1289		2024 FEB 15				
	LUTZ, FL 33548		5 A				
6. The name and (if changed):		ed agent (if changed) and /or registered office	r-r1				
	Northwest Registered Agent LLC						
	7901 4th St N STE 300						
	P.O. Box NOT acceptable						
	St. Petersburg FL 33702						
The street addre as changed will	ss of its registered office and the be identical.	street address of the business office of its r	registered agent,				
Such change wa authorized by th	s authorized by resolution duly a e board, or the corporation has b	dopted by its board of directors or by an of een notified in writing of the change.	ficer so				
Signatur	e of an officer of director	Madison Sakaan - VP					
of my duties, and document is bei	t Lam Jamiliar with and accept t	ent and agree to act in this capacity. Ill statutes relative to the proper and compl he obligation of my position as registered a e in the registered office address, I hereby hange.	igent. Or, ij lius				
- Jan New		2/15/2024					
Sign	lature of Registered Agent	Date					
If signing on bel	nalf of an entity:						
Taylor Newman							
Ту	ped or Printed Name	-					

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