F1800000587

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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SECRETARY OF STATE

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Account#: I20000000088

Date: 08/30/2019
Name: Merritt Walker
Reference #:
Entity Name: HOLADOCTOR, INC
☐ Articles of Incorporation/Authorization to Transact Business
Amendment
✓ Change of Agent
Reinstatement
Conversion
Merger
Dissolution/Withdrawal
☐ Fictitious Name
Other
Authorized Amount:\$35
Signature:

F: 800.944.6607

P: +852.2682.9633

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

statement of chan	ge is submitted for a corporat	l, 617.0502, 607.1508, or 617.1508, F ion organized under the laws of the S or registered agent, or both, in the Si	tate of Georgia		
I. The name of th	The name of the corporation: HOLADOCTOR, INC				
2. The principal of					
266	5 S. Bayshore Driv	ve, Suite 415, Coconut	Grove, FL 33133		
3. The mailing ad	dress (if different):				
2	665 S. Bayshore Dr	ive, Suite 415, Coconut (Grove, FL 33133		
4. Date of incorpo	pration/qualification: Febru	ary 7, 2012 Document number:	F12000000587		
	street address of the current re ment of State: (If resigned, en	gistered agent and registered office of ter resigned)	n file with the		
	Lo	pez, Bruno			
-	2665 S Bays	hore Drive Suite 415			
_		Grove, FL 33133			
6. The name and (if changed):	COGENCY GLO	Un St., Suite 4	2019 AUG 30 A G 3		
The street address as changed will b	s of its registered office and le identical.	the street address of the business offi	* 1		
Such change was authorized by the	authorized by resolution dul board, or the corporation ha	y adopted by its board of directors of s been notified in writing of the char	r by an officer so ige.		
(ancel	Jaon-	Daniel E. LaGrone, Secretar			
I hereby accept to I further agree to performance of n agent. Or, if this	aocument is being ineu meri	agent and agree to act in this capac of all statutes relative to the proper of with and accept the obligation of my ely to reflect a change in the register notified in writing of this change.	ity. and complete position as registered		
/s/ Sean Hon		8/30/2019			
Signing on beh	nure of Registered Agent alf of an entity:	Date			

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

MAKE CHECKS PAYABLE TO FLORIDA DEBARTMENT OF STATE

Sean Honan, Assistant Sectary
Typed or Printed Name