

F18000 000 639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

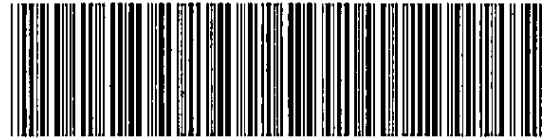
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

SEP 12 2019
S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HealthSnap, Inc.
Name of Corporation

DOCUMENT NUMBER: F1 8 000 000 639

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:

Misha Kerr
Name of Contact Person

HealthSnap Inc.
Firm/Company

1951 NW 7th Ave, 6th Floor
Address

Miami, FL 33136
City/State and Zip Code

misha@healthsnap.io
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Misha Kerr at (833) 780-1872
Name of Contact Person 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

1. The name of the corporation: Health Snap, Inc.
2. The principal office address: 1951 NW 7th Ave
Miami, FL 33136
3. The mailing address (if different): _____

4. Date of incorporation/qualification: Jan. 22, 2018 Document number: F1800000639

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)

Corporation Service Company
1201 Hayes Street
Tallahassee, FL 32301-2525

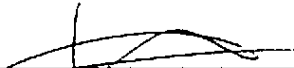
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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Misha Kerr
1951 NW 7th Ave, 6th Floor
P.O. Box NOT acceptable
Miami, FL 33136


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

Misha Kerr
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

8/28/2019
Date

If signing on behalf of an entity:

Misha Kerr, Sec.
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE