

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (950)617-6380

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES INC.
Account Number : 075350000353
Phone : (800)221-2972
Fax Number : (917)243-5843

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

Email Address: _____

**REGISTERED AGENT CHANGE
NATIVE CARDIO, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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: NATIVE CARDIO, INC.
2. The principal office address: 868 106th Avenue North Naples, FL 34108
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/15/2018 Document number: F18000004664
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 HAYS STREET

TALLAHASSEE, FL 32301-2525

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

BlumbergExcelsior Corporate Services, Inc.

155 Office Plaza Drive 1st Floor

P.O. Box NOT acceptable

Tallahassee FL 32301

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.

⑧ Joseph Pergolizzi, M.D.
Signature of an officer or director

Joseph Pergolizzi, President

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.

Zeina Hassoun

Signature of Registered Agent

1/28/2021

Date

If signing on behalf of an entity:

Zeina Hassoun, Asst. Sec

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)

2021 JUL 29 PM 1:31
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

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