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.

(((H23000276364 3)))



H230002763643ABC0

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

FW911	Address:			

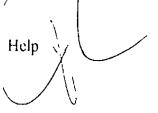
1.51 PM 12:4

REGISTERED AGENT CHANGE NATIVE CARDIO, INC.

Certificate of Status	0
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.# H230002763648

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: NATIVE CARDIO, Name of Corporation	INC.
DOCUMENT NUMBER: F18000004	664
The enclosed Statement of Change of Registered Of	ffice/Agent and fee are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Lori Whalen	
Name of Contact Person	
Registered Agent Solutions, Inc.	•
Firm/Company	
Corporate Center One, 5301 Southwest Pkwy, Ste 400	ı
Address	······································
Austin, Texas 78735	
City/State and Zip Code	
E-mail address: (to be used for future annual rep	port notification)
For further information concerning this matter, pleas	se call:
Lori Whalen	at (888) 705-7274
Name of Contact Person	at (888) 705-7274 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Dep	partment of State.
Mailing Address: Amendment Section	Street Address: Amendment Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

H23000276364 3

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

statement of ch	e provisions of sections 607.0502, 61 hange is submitted for a corporation	organized under the la	iws of the State o	of Delaware
	der to change its registered office or i	-	ith, in the State (of Florida.
	f the corporation: NATIVE CAR		NADI EO	EL 04400
2. The principa	al office address: 868 106TH A	VE N, SUITE 8,	NAPLES,	FL 34108
3. The mailing	address (if different):	177- 1-		 · · · · · · · · · · · · · · · · · ·
_	prporation/qualification: 10/15/20	18 Document	number: F180	000004664
5. The name as	nd street address of the current registratment of State: (If resigned, enter re	ered agent and register		
	BLUMBERGEXCELSIOR C	ORPORATE SEF	RVICES, INC	
	155 OFFICE PLAZA DRIVE	1ST	FLOOR	\
	TALLAHASSEE	FL	32301	
6. The name ar (if changed)	nd street address of the new registered: Registered Agent Solu	-	id /or registered	office ?
	2894 Remington Gree			<u></u>
	P	O Box NOT acceptable		
	Tallahassee	FL 3230	8	_
The street added	ress of its registered office and the s	street address of the bi	isiness office o	fits registered agent
Such change wanthorized by	vas authorized by resolution duly ad the board, or the corporation has be-	opted by its board of en notified in writing	directors or by of the change.	an officer so
/s/ Raph	aelle Pergolizzi	Raphaelle P	ergolizzi	Manager
I hereby accep	of the appointment as registered age to comply with the provisions of all and I am familiar with and accept the sing filed merely to reflect a change as been notified in writing of this ch	nt and agree to act in	this capacity.	
	الل زومه	08/09/202:		
Si	gnature of Registered Agent		Date	
If signing on b	chalf of an entity:			
Mackenzie Hibl	er, Assistant Secretary			
1	Typed or Printed Name			
	*** FILING	G 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)