F18000004861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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2025 JUL -9 AM 10:01

2025 JUL -9 AM 11:25
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 361717 8481679

AUTHORIZATION :

COST LIMIT : $ 35

ORDER DATE : June 27, 2025

ORDER TIME : 9:52 AM

ORDER NO. : 361717-012

CUSTOMER NO: 8481679

CHANGE OF AGENT

NAME: ALPHA TELEMEDICINE, PC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

35.000 CERTIFIED COPY
\ PLAIN STAMPED COPY

CONTACT PERSON: Shauna Godbolt

EXAMINER'S INITIALS: _____

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

1. The name of the corporation: ALPHA TELEMEDICINE, PC, PROFESSIONAL CORPORATION

2. The principal office address: 228 Hamilton Avenue, Third Floor, Palo Alto, CA 94301

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/26/2018 Document number: F18000004861

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)

Cogency Global Inc.

115 N. Calhoun Street, Suite 4

Tallahassee FL 32301

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

Corporation Service Company

1201 Hays Street

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.

/s/ Mary Therese Jacobson, MD
Signature of an officer or director

Mary Therese Jacobson, MD, President & Sole Owner
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.

Corporation Service Company

By: _____
Signature of Registered Agent

07/08/2025
Date

If signing on behalf of an entity:

Ami M. Casper, Asst. Vice President
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) 361717