

F18000005159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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☐

MAIL

(Business Entry Name)

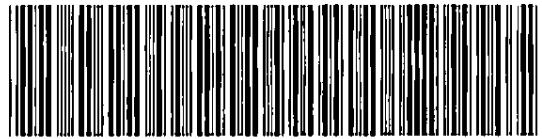
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2022 JAN 28 AM 10:22

2022 JAN 28 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FL

TALLAHASSEE, FL

JAN 28 2022

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

ACCOUNT NO. : I20000000195

REFERENCE : 437107 7665169

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 35.00

ORDER DATE : January 26, 2022

ORDER TIME : 2:42 PM

ORDER NO. : 437107-002

CUSTOMER NO: 7665169

CHANGE OF AGENT

NAME: ASANA INTEGRATED MEDICAL
GROUP, A PROFESSIONAL MEDICAL
CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

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

1. The name of the corporation: ASANA INTEGRATED MEDICAL GROUP, A PROFESSIONAL MEDICAL CORP
2. The principal office address: 6200 CANOGA AVENUE SUITE 350 WOODLAND HILLS, CA 91367
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/23/2018 Document number: F18000005159
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)

INCORP SERVICES, INC.

17888 67TH COURT NORTH

LOXAHATCHEE

FL 33470

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

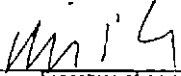
P.O. Box NOT acceptable

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.


Signature of an officer or director

Bradford Gay

VICE 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.

Corporation Service Company

By: 
Signature of Registered Agent

01/11/2022

Date

If signing on behalf of an entity:

GRACE E. KIRBY, 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)