F18 Deccosts 2

| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Office Use Only



800431384888

TO AH 9: 58 2024 JUL 17
SEGRETARY
WASSEE, FL

RECEIVED

07/17/24

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 120000000195

REFERENCE : 537135 32.57

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : July 5, 2024

ORDER TIME : 8:38 AM

ORDER NO. : 537135-068

CUSTOMER NO: 8305726

CHANGE OF AGENT

NAME: CIVICA, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller

EXAMINER'S INITIALS:

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

| statement of cha | nge is submitted for a corporation org | 9502, 607.1508, or 617.1508, Florida Statu ganized under the laws of the State of _Deli pistered agent, or both, in the State of Florid | aware |
|--|--|---|--|
| | - | isterea agent, or both, in the state of Front | 4u. |
| 1. The name of t | he corporation: CIVICA RX, INC. | 0.4-225 Labi LIT 94042 | |
| 2. The principal | office address: 2912 W. Executive Pa | arkway, Suite 325, Lerii, OT 64043 | |
| | ddress (if different): | | |
| 4. Date of incorp | poration/qualification: 12/05/2018 | Document number: F180000056 | 52 |
| | street address of the current registere tment of State: (If resigned, enter resigned) | d agent and registered office on file with th gned) | e |
| | Registered Agents Inc | | |
| | 7901 4th Street North, Suite 300 | | |
| | St. Petersburg | FL 33702 | 26 |
| 6. The name and (if changed): | street address of the new registered a | gent (if changed) and /or registered office | A37.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1 |
| | | | WH 9: |
| | 1201 Hays Street | Box NOT acceptable | ့် လု |
| | Tallahassee | FL 32301 | 58 |
| The street addre | ss of its registered office and the stro be identical. | eet address of the business office of its reg | gistered agent, |
| Such change wa authorized by th | s authorized by resolution duly adop e board, or the corporation has been | ted by its board of directors or by an offic notified in writing of the change. | cer so |
| /s/ Jennifer M. Spalding | | Jennifer M. Spalding, Secre | etary |
| ~ | e of an officer or director | Printed or typed name and title | |
| I further agree to of my duties, and document is bein corporation has | the appointment as registered agent o comply with the provisions of all si d I am familiar with and accept the d ng filed merely to reflect a change in been notified in writing of this chan n Service Company | polities relative to the proper and complete obligation of my position as registered age the registered office address, I hereby co | e performance ent. Or, if this infirm that the |
| By: Cerr | mley | 07/16/2024 | |
| Sign | nature of Registered Agent | Date | |
| If signing on bel | half of an entity: | | |
| | Asst. Vice President | | |
| 13 | rped 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