

F18000005702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

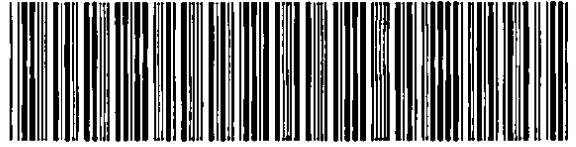
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 NOV -5 PM 2: 28
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2020 NOV -5 AM 9: 27
FILED
DIVISION OF STATE
TALLAHASSEE, FL

11/05/20

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

ACCOUNT NO. : I20000000195
REFERENCE : 499247 7234731
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 35.00

ORDER DATE : November 4, 2020
ORDER TIME : 12:19 PM
ORDER NO. : 499247-005
CUSTOMER NO: 7234731

FOREIGN FILINGS

NAME: ZERIGO HEALTH, INC.

XX CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER: _____

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Zerigo Health, Inc.

Name of Corporation

DOCUMENT NUMBER: F18000005702

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Edward T. Fulham

Name of Contact Person

Zerigo Health, Inc.

Firm/Company

10505 Sorrento Valley Rd. Suite 450

Address

San Diego, CA 92121

City/State and Zip Code

teddy.fulham@zerigohealth.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Edward T. Fulham

at (877) 738-6041

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status \$43.75 Filing Fee & Certified Copy \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F1800005702

(Document number of corporation (if known))

1. Zerigo Health, Inc.

(Name of corporation as it appears on the records of the Department of State)

2. Delaware 3. December 12, 2018

(Incorporated under laws of) (Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? _____

5. _____
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) _____

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. **If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

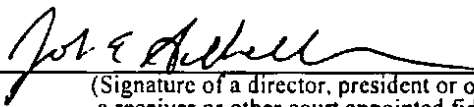
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TALLAHASSEE, FL

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Chairman of the Board	David Hale	10505 Sorrento Valley Rd. Suite 450	<input checked="" type="checkbox"/> Add
		San Diego, CA 92121	<input type="checkbox"/> Remove
Chairman of the Board	John Schellhorn	10505 Sorrento Valley Rd. Suite 450	<input type="checkbox"/> Add
		San Diego, CA 92121	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

John Schellhorn remain President and CEO of the Corporation.

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

John Schellhorn

(Typed or printed name of person signing)

President and CEO

(Title of person signing)

FILING FEE \$35.00

SECRETARY OF STATE
CORPORATION DIVISION

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FILED