F19000002008

(Re	questor's Name)			
. (Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone #	/)		
PICK-UP	MAIT	MAIL		
(Bu	siness Entity Name	*)		
(Document Number)				
Certified Copies	_ Certificates o	of Status		
Special Instructions to Filing Officer:				
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	05/06/2022				
Name:		_			
	#:1655164	<u> </u>			
Entity Nam	e: PROPEL M	EDICAL PC, CORP.			
	cles of Incorporation/Authorization				
☐ Ame	endment				
✓ Change of Agent					
☐ Rein	nstatement				
Con	version				
☐ Mer	ger				
Diss	olution/Withdrawal				
☐ Ficti	tious Name				
☐ Othe	er				
Authorized Signature:	Amount: / \$35.00				



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Account#: I20000000088

Date:	05/06/2022	
Name:		<u> </u>
	#: 1655164	
Entity Nan	ne:PROPEL N	IEDICAL PC, CORP.
	cles of Incorporation/Authorization	
☐ Am	endment	
✓ Cha	ange of Agent	
☐ Rei	nstatement	
Coi	nversion	
☐ Me	rger	
Dis	solution/Withdrawal	
☐ Fict	titious Name	
Oth	er	
Authorized	1 10 V W	

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

statement of cha	inge is submitted for a corporation	17,0502, 607,1508, or 617,1508, Floorganized under the laws of the Sta registered agent, or both, in the Sta	te of <u>Georgia</u>
		ROPEL MEDICAL PC	
	office address: No Change		
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: April 2	4, 2019 Document number:	F19000002008
	I street address of the current regis rtment of State: (If resigned, enter t	tered agent and registered office on resigned)	file with the
	CT Corpo	ration System	
	1200 South I	Pine Island Road	2022 HAY
	Plantatio	on, FL 33324	
6. The name and (if changed):	I street address of the new registere	ed agent (if changed) and /or register	. ،
	COGENCY GLOBA	AL INC.	1 9: 50 1 9: 50
	115 North Calhoun		<u> </u>
	Tallahassee, FL 3	82301	
The street address changed will	ess of its registered office and the be identical.	street address of the business office	e of its registered agent,
Such change was authorized by the	as authorized by resolution duly as ne board, or the corporation has be	dopted by its board of directors or been notified in writing of the change	oy an officer so e.
/s/ Ori Franc	O	Ori Franco Printed or typed name	Vice President of Finance
I hereby accept I further agree performance of agent. Or, if th	the appointment as registered ag to comply with the provisions of a my duties, and I am familiar with	ent and agree to act in this capacity Il statutes relative to the proper an and accept the obligation of my po to reflect a change in the registered	v. d complete osition as registered
/s/ Michael (May 5, 2022	
	nature of Registered Agent	Date	

Michael Carlisle, Assistant Secretary

Typed or Printed Name

* * * FILING FEE: \$35.00 * * *