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From: Account Name : LEGALINC CORPORATE SERVICES INC. Account Number : 120180000011 Phone : (844)386-0178 Fax Number : (214)317-4754		Division of Co	•	
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REGISTERED AGENT CHANGE

MEDELY, INC.

Certificate of Status	0
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Page Count	01
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To: 18506176380 From: 12147128131 Date: 03/07/23 Time: 8:06 PM Page: 02/02

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

1. The name of the corporation: <u>MEDELY, INC.</u>

2. The principal office address: 2355 Westwood Bivd Suite 412, Los Angeles, CA 90064

3. The mailing address (if different): ____

4. Date of incorporation/qualification: <u>12/17/2019</u> Document number: <u>F19000005578</u>

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)

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered of $\vec{e} = (if \text{ changed})$:

LEGALINC CORPORATE SERVICES INC.

Jacksonville, FL, 3222

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

P.O. Box NOT acceptable

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

Khaled Nasr COO Printed or typed name and title

Date

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 fumiliar 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. Thereby confirm that the corporation has been notified in writing of this change.

02/21/2023

alle For

Signature of Registered Agent

If signing on behalf of an entity:

Erik Treutlein

Typed or Frinted 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)

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