

F20000003476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATION  
TALLAHASSEE, FLORIDA

C SIMMONS

OCT 22 2020



**COGENCYGLOBAL**

115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
**866.625.0838**  
COGENCYGLOBAL.COM

Date: **October 21, 2020**

Account#: I20000000088

Name: **David Shulman**

Reference #: **1278605**

Entity Name: **KIN HEALTH, INC.**

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

**ISSUES? CALL**

**David:**

**850-270-0082**

Authorized Amount: **\$35.00**

Signature \_\_\_\_\_

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

1. The name of the corporation: Kin Health, Inc.  
2. The principal office address: 7531 ESTRELLA CIR, BOCA RATON, FL 33433

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 08/07/2020 Document number: F20000003476

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)

PHILIP ESTERMAN

7531 ESTRELLA CIR BOCA RATON, FL 33433

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Cogency Global Inc.

115 North Calhoun Street, Suite 4

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.

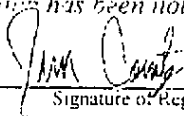
s/Bradley Esterman

Signature of an officer or director

Bradley Esterman

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.*



Signature of Registered Agent

10/19/2020

Date

If signing on behalf of an entity:

Jennifer Countz, Assistant Secretary of

COGENCY GLOBAL INC.

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)