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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

. **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email	Address:		

REGISTERED AGENT CHANGE THE PUBLIC HEALTH COMPANY GROUP, INC.

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statut ange is submitted for a corporation organized under the laws of the State of Delaw er to change its registered office or registered agent, or both, in the State of Florid	vare	
1. The name of	the corporation: The Public Health Company Group, Inc.		
	office address:		
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 11/30/20 Document number: F20000005	425	
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	3	
	SINGER LAW OFFICE PA	AC	
301 YAMATO ROAD STE 1240			
	BOCA RATON, FL 33431	ASSE	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	SEURLIARY OF STATE FALLAHASSEE, FLORID	
	Registered Agents Inc.	D = 1	
	7901 4th St N STE 300		
	P.O. Box NOT acceptable		
	St. Petersburg FL 33702		
The street addrass changed will	ess of its registered office and the street address of the business office of its regi	istered agent,	
Such change wa authorized by the	as authorized by resolution duly adopted by its board of directors or by an office he board, or the corporation has been notified in writing of the change.	er so	
111	CHARITY DEAN - PSEC, Printed or typed name and talle	CEO	
	the appointment as registered agent and agree to act in this capacity. The appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete and I am familiar with and accept the obligation of my position as registered age ing filed merely to reflect a change in the registered office address, I hereby constitution of this change.	performance nt. Or if this afirm that the	
Bee Hame	12/17/2021		
Sig	mature of Registered Agent Date		
If signing on bo	chalf of an entity:		
Bill Havre			
Т	yped or Printed Name		

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