

F21 000 000 300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

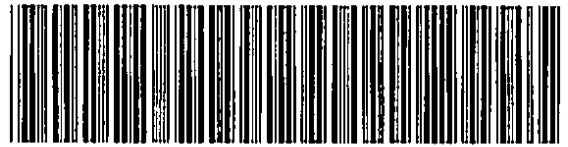
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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21 NOV 30 AM 10:08
U.S. DISTRICT COURT
DISTRICT OF COLUMBIA

T. LEMIEUX
DEC 15 2021

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Defend Our Health INC.
Name of Corporation

DOCUMENT NUMBER: F21000000300

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patrick MacRoy
Name of Contact Person

Defend Our Health
Firm/Company

565 Congress St, Suite 204
Address

Portland, ME 04092
City/State and Zip Code

info@defendourhealth.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patrick MacRoy at (207) 699-5795
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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

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

1. The name of the corporation: Defend Our Health INC.
2. The principal office address: 565 Congress St., STE 204, Portland, ME 04101
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1/12/2021 Document number: F21000000300
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)

Taylor Moore

1512 NE 14th Street

Ft. Lauderdale, FL 33304

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

Taylor Moore

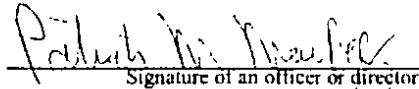
8511 Old Country Manor APT 404

P.O. Box NOT acceptable

Davie, FL 33328

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.


Signature of an officer or director

Patrick M. MacRoy, Deputy Director
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

11/19/2021
Date

If signing on behalf of an entity:

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)