

F21000002618

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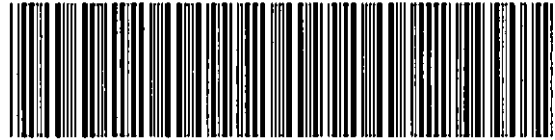
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**DATE: 7/6/2021**

**NAME: NOMI HEALTH INC.**

**TYPE OF FILING: AFFIDAVIT TO CHANGE**

**COST: 43.75**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*Abbie Hodge*

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Nomi Health, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F21000002618

The enclosed *Affidavit by Foreign Corporation to Change/Add Officer(s) and/or Director(s)* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melinda Jones  
Name of Contact Person

Stoel Rives LLP  
Firm/Company

201 S Main Street, Suite 1100  
Address

Salt Lake City, UT 84111  
City/State and Zip Code

daniel@nomihealth.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melinda Jones at ( 801 ) 428-6346  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for the following amount:

- |   |   |   |   |
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| <input type="checkbox"/> \$35.00 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) |
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**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

