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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone 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.\*\*

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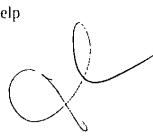
## REGISTERED AGENT CHANGE HEALTHGIGJOBS SERVICES, INC.

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

statement of cha	unge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida Statutes, the organized under the laws of the State of Delawase registered agent, or both, in the State of Florida.	is 
1. The name of	the corporation: HealthGigJobs	Services, Inc.	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 07/19/21	Document number: F21000004186	
	d street address of the current regist rtment of State: (If resigned, enter r	ered agent and registered office on file with the esigned)	
	DE JEREZ, LEON		
	102 JEANETTE WAY		
	JUPITER, FL 33458		
6. The name and (if changed):	d street address of the new registere	d agent (if changed) and /or registered office	2022 OCT 21 AH 8: 02
	Northwest Registered A	Agent LLC	2
	7901 4th St N STE 300	(/. (/.	AH
	St. Petersburg FL 3370	P.O. Box NOT acceptable	8: 02
The street addrass changed will	ess of its registered office and the be identical.	street address of the business office of its registered	d agent,
Such change wauthorized by t	as authorized by resolution duly ache board, or the corporation has be	dopted by its board of directors or by an officer so en notified in writing of the change.	
Leon	de Jerez	Leon de Jerez, Director	
I hereby accept I further agree of my duties, ar document is be	the appointment as registered age to comply with the provisions of a	ent and agree to act in this capacity. Il statutes relative to the proper and complete perfore the obligation of my position as registered agent. Of the in the registered office address, I hereby confirm	ormance or if this that the
Ton Gl	ove_	10/21/22	
Sig	nature of Registered Agent	Date	
If signing on bo	chalf of an entity:		
Tom Glove			
Ί	yped or Printed Name		
	* * * FILIN	'G 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)