F22000001657

Florida Department of State
Division of Corporations
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TALLAHASSEE, FL

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
TIA MEDICAL GROUP CORP.

Certificate of Status	0
Certified Copy	1
Page Count	02
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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 CALIFORNIA *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: TIA MEDICAL GROUP CORP.

2. The principal office address:
548 MARKET ST. STE 45295 SAN FRANCISCO, CA 94104

3. The mailing address (if different):

4. Dateofincorporation/qualification: 03/17/2022 Document number: F22000001657

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)

INCORPORATING SERVICES, LTD

1540 GLENWAY DRIVE TALLAHASSEE, FL 32301v

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

C T Corporation System

1200 South Pine Island Road

P.O Box NOT acceptable

Plantation, Florida 33324

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

CHRISTINE KELM ATTORNEY IN FACT
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

C T Corporation System

By: Signature of Registered Agent

4/25/2023
Date

If signing on behalf of an entity:

ERIC JENSEN ASSISTANT SECRETARY
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)