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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : INCORP SERVICES INC
Account Number : 120120000007
Phone : (702)866-2500
Fax Number : (702)900-2290

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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STATE OF FLORIDA
DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE
ADVAMEDICA, INC.

Certificate of Status	0
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Page Count	03
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STATE OF FLORIDA
DIVISION OF CORPORATIONS

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Help

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Advamedica, Inc.
Name of Corporation

DOCUMENT NUMBER: F22000003015

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:

Wendy Hefley on behalf of InCorp Services, Inc.

Name of Contact Person

InCorp Services, Inc.

Firm/Company

9107 West Russell Road Suite 100

Address

Las Vegas, NV 89148-1233

City/State and Zip Code

documents@incorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wendy Hefley on behalf of InCorp Services, Inc. at 800-246-2677

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

CR2E045 (04/13)

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2024 JUN -7 AM 8:51
TALLAHASSEE, FL

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

1. The name of the corporation: Advamedica, Inc.
2. The principal office address: HARVARD SQUARE, 1 MIFFLIN PLACE, SUITE 400
CAMBRIDGE, MA 02138
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/13/2022 Document number: F22000003015
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)

REGISTERED AGENTS INC.

7901 4TH ST N STE 300

ST. PETERSBURG, FL 33702

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

InCorp Services, Inc.

3458 Lakeshore Drive

P.O. Box NOT acceptable

Tallahassee, FL 32312

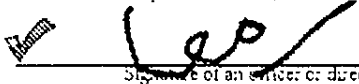
TALLAHASSEE, FL

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

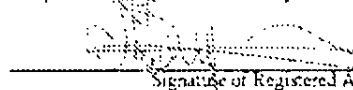
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

LEO MAVELY, PRESIDENT

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

06/04/2024

Date

If signing on behalf of an entity:

Louise Breytenbach on behalf of InCorp Services, Inc.

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)