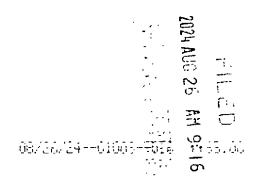
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Certified Copies	Certificates o	of Status			
Special Instructions to	Filing Officer:	S. Liber 7 Car			

Office Use Only



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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

APTIHEALTH, INC. Art of Inc. File LTD Partnership File Foreiga Corp. File L.C. File Fictious Name File Trade/Service Mark Merger File Art. of Amend. File ✓ RA Resignation Dissolution / Withdrawal Annual Report / Reinstatemeat Cert. Copy ✓ Photo Copy Certificate of Status Certificate of Status Certificate of Fictious Name Cop Record Search Office Search Fictious Sowner Search Fictious Sowner Search Vehicle Search Driving Record Requested by:BA 1/09/23 Name Date Time UCC 11 Search					
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Art. of Amend. File ✓ RA Resignation — Dissolution / Withdrawal — Annual Report / Reinstatement — Cert. Copy ✓ Photo Copy — Certificate of Status — Certificate of Fictitious Name — Corp Record Search — Officer Search — Fictitious Search — Fictitious Owner Search — Vehicle Search — Driving Record Requested by:BA 1/09/23 Name Date Time Will Pick Up Courier — Courier — Courier — UCC 11 Retrieval — UCC 11 Courier					
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•					UCC 11 Retrieval
		Will Pick Up			Courier

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	APTIHEALTII. INC.	
	(Name of Corporati	on)
DOC	UMENT NUMBER: F22000003859	
The e	nclosed Resignation of Registered Agent for a Corpora	ation and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the	ne following:
MOIS	ES CARDOSO	
	(Name of Person)	
FILEJ	ET INC.	
	(Name of Firm/Company)	•
10440	PIONEER BLVD., SUITE 8	
	(Address)	•
SANT	A FE SPRINGS, CA 90670	
	(City/State and Zip Code)	-
For fi	irther information concerning this matter, please call:	
MOIS	ES CARDOSO 949 at (259-5955) & Daytime Telephone Number)
	(Name of Person) (Area Code	e & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

RESIGNATION OF REGISTERED AGENT 5 FOR A CORPORATION

TOUNDE SE MY SELLY Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509, Florida Statutes, the undersigned, FILEJET INC. (Name of Registered Agent) hereby resigns as Registered Agent for APTIHEALTH, INC. (Name of Corporation) F22000003859 (Document Number, if known) A copy of this resignation was mailed to the above listed corporation at its last known address. The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. (Signature of Resigning Agent) If signing on behalf of an entity: ANDREW WHITE (Typed or Printed Name) CEO

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

(Capacity)