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(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Renew Health Clinical Research LLC

Name of Corporation

DOCUMENT NUMBER: F22000004347

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Javonte Maynor

Name of Contact Person

Renew Health Clinical Research LLC

Firm/Company

1550 Janmar Road, Suite B

Address

Snellville, GA, 30078

City/State and Zip Code

javonte.maynor@renewhealthcr.com

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

For further information concerning this matter, please call:

Javonte Maynor

at (770) 833-0616

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy

☒ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy

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

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F22000004347

(Document number of corporation (if known))

1. Renew Health Clinical Research LLC
(Name of corporation as it appears on the records of the Department of State)
2. Georgia 3. 12Jul2022
(Incorporated under laws of) (Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? N/A
5. N/A
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

N/A

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

N/A

(New jurisdiction)

8. **If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent Same registered agent (New Business address)
4611 34th Street South
(Florida street address)

New Registered Office Address: St. Petersburg, Florida 33711
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

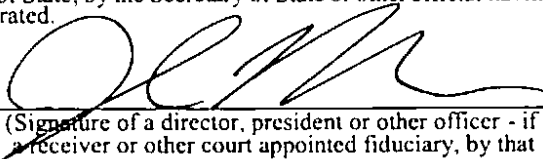
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Director	Marchelle Albritton	2005 Pan Am Circle, Suite 120	<input type="checkbox"/> Add
		Tampa, Florida 33607	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.


 (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Jaronke Maynor

(Typed or printed name of person signing)

CEO

(Title of person signing)

FILING FEE \$35.00

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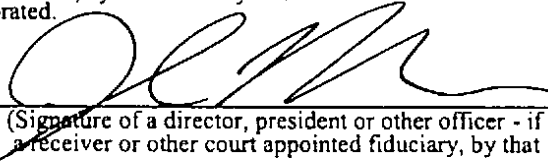
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			<input type="checkbox"/> Add
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Jaron Le Maynor

(Typed or printed name of person signing)

CEO

(Title of person signing)

FILING FEE \$35.00