# F22000004347

| (Re                       | questor's Name)   |             |
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#### COVER LETTER

| TO: Amendmo          | ent Section Division of Corporation          | ons                                |   |
|----------------------|--|------------------------------------|---|
| SUBJECT: Renew       | Health Clinical Research LLC                 |                                    |   |
|                      | •  | of Corporation                     |   |
| DOCUMENT NU          | MBER:  |                                    | ·   |
|                      | ndment and fee are submitted for             | filing.                            |   |
| Please return all co | rrespondence concerning this ma              | tter to the following:             |   |
| Javonte Maynor       |  |                                    |   |
|                      | Name of Contact Person                       |                                    |   |
| Renew Health Clir    | nical Research LLC                           |                                    |   |
|                      | Firm/Company                                 |                                    |   |
| 1550 Janmar Road     | , Suite B                                    |                                    |   |
|                      | Address                                      |                                    |   |
| Snellville, GA, 30   | 078  |                                    |   |
|                      | City/State and Zip Code                      |                                    |   |
| javonte.maynor@r     | enewhealther.com                             |                                    |   |
| E-mail addre         | ss: (to be used for future annual r          | eport notification)                |   |
| For further informa  | ation concerning this matter, pleas          | se call:                           |   |
| Javonte Maynor       |  | at ()                              | .0616<br>   |
| Name                 | e of Contact Person                          | Area Code & Da                     | ytime Telephone Number  |
| Enclosed is a chec   | k for the following amount:                  |                                    |   |
| 3\$35 Filing Fee     | ☐ \$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fe<br>Certified Copy | ee & (□)\$52.50 Filing Fee<br>Certificate of Status<br>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.)

|  |  | CTION I<br>BE COMPLETED)                  |                          | · .                     |
|--|--|---|--------------------------|-------------------------|
| ţ:   | 22000004347  | ,,,                                       |                          | ***<br>                 |
| <u> </u>   |  | of corporation (if known)                 | <u> </u>                 | . 27                    |
| Renew Health Clinical Research LLC   |  | or corporation (in time time)             |                          |                         |
| 1  | of corporation as it appears                               | on the records of the Dena                | ertment of State)        |                         |
| Georgia 2.   | or corporation as it appears.                              | 3   | ,                        |                         |
| (Incorporated un-  | der laws of)   | 3(Date autho                              | orized to do business    | in Florida)             |
| (  | SEC<br>4-7 COMPLETE ONLY T                                 | CTION II<br>THE APPLICABLE CHA            | ANGES)                   |                         |
| 4. If the amendment changes the name of incorporation? N/A   | of the corporation, when was                               |   | r the laws of its juriso | diction of              |
| 5. N/A   |  |   |                          |                         |
| (Name of corporation after the amen<br>not contained in new name of the cor  | dment, adding suffix "corpo<br>poration)                   | ration," "company," or "in                | ecorporated," or appre   | opriate abbreviation, i |
| (If new name is unavailable in Florida  6. If the amendment changes the part of the amendment changes the pa |  |   | ose of transacting bus   | siness in Florida)      |
| -  | (Nev   | w duration)                               |                          |                         |
| 7. If the amendment changes the ju   | risdiction of incorporation,                               | indicate new jurisdiction.                |                          |                         |
|  | (New   | jurisdiction)                             |                          |                         |
| 8. If amending the registered agent a new registered agent and/or the ne   | nd/or registered office add<br>w registered office addres  | l <u>ress in Florida, enter the</u><br>s: | e name of the            |                         |
| Name of New Registered Agent   | Same registered agent (Ne                                  |   |                          |                         |
| Name of New Registered Agent   | 4611 34th Street South                                     |   |                          | _                       |
|  |  | treet address)                            |                          | _                       |
| V 7 100 444  | St. Petersburg   | ,   | 33711                    |                         |
| New Registered Office Address:   | (Ci  | tv)                                       | , Florida(Zip (          | <br>Code)               |
| New Registered Agent's Signature I hereby accept the appointment as r  | e, if changing Registered A<br>egistered agent. I am famil | sgent:<br>liar with and accept the ob     | bligations of the posi   | tion.                   |

Signature of New Registered Agent, if changing

Type of Action Address Title/ Capacity Name 2005 Pan Am Circle, Suite 120 Marchelle Albritton Director  $\square Add$ Tampa, Florida 33607 **Remove**  $\square$ Add Remove □∧dd Remove  $\square$ Add Remove  $\square \wedge dd$ CRCmove 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) Javon Le Maynor (Title of person signing) (Typed or printed name of person signing)

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

FILING FEE \$35.00

#### COVER LETTER

| TO: Amendme          | ent Section Division of Corporation          | ons                                   |   |
|----------------------|--|---------------------------------------|---|
| SUBJECT: Renew       | Health Clinical Research LLC                 |                                       |   |
|                      | Name   | of Corporation                        |   |
| DOCUMENT NU          | MBER: F22000004347                           | ·                                     |   |
| The enclosed Ame     | ndment and fee are submitted for             | filing.                               |   |
| Please return all co | orrespondence concerning this ma             | tter to the following:                |   |
| Javonte Maynor       |  |                                       |   |
| ·                    | Name of Contact Person                       |                                       |   |
| Renew Health Clin    | nical Research LLC                           |                                       |   |
|                      | Firm/Company                                 |                                       |   |
| 1550 Janmar Road     | , Suite B                                    |                                       |   |
| ·                    | Address                                      |                                       |   |
| Snellville, GA, 30   | 078  |                                       |   |
|                      | City/State and Zip Code                      |                                       |   |
| javonte.maynor@r     | enewhealther.com                             |                                       |   |
| E-mail addre         | ss: (to be used for future annual r          | eport notification)                   |   |
| For further informa  | ation concerning this matter, pleas          | se call:                              |   |
| Javonte Maynor       |  | 770 833-0616<br>at ()                 |   |
| Name                 | of Contact Person                            | Area Code & Daytime                   | Telephone Number  |
| Enclosed is a checi  | k for the following amount:                  |                                       |   |
| 1\$35 Filing Fee     | ☐ \$43.75 Filing Fee & Certificate of Status | ☐ \$43.75 Filing Fee & Certified Copy | (E)\$52.50 Filing Fee,<br>Certificate of Status<br>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)

|  | (1-3 MOST BE COMP                                   | LETED)                         | ٠و <del>-'</del>               |
|--|---|--------------------------------|--------------------------------|
|  | F22000004347  |                                | 1                              |
| •  | (Document number of corpora                         | tion (if known)                | *1 <sub>%</sub>                |
| Renew Health Clinical Research LI                                      | .C  |                                | - Park                         |
| (Name  | e of corporation as it appears on the reco          | Jul2022                        | ,                              |
| (Incorporated u  |   | (Date authorized to do b       | ousiness in Florida)           |
|  | SECTION II<br>(4-7 COMPLETE ONLY THE APPL           | ICABLE CHANGES)                |                                |
| If the amendment changes the name incorporation? N/A                   | of the corporation, when was the chang              |                                | its jurisdiction of            |
| N/A  |   |                                |                                |
| (Name of corporation after the ame not contained in new name of the co | ndment, adding suffix "corporation," "coorporation) | ompany," or "incorporated,"    | or appropriate abbreviation, i |
| (If new name is unavailable in Flori                                   | da, enter alternate corporate name adopte           | ed for the purpose of transac  | ting business in Florida)      |
| . If the amendment changes the   | period of duration, indicate new period o           | of duration.                   |                                |
|  | N/A   |                                |                                |
|  | (New duration)                                      |                                |                                |
| If the amendment changes the   | jurisdiction of incorporation, indicate πε          | w jurisdiction.                |                                |
|  | N/A   |                                | _                              |
|  | (New jurisdiction                                   | 1)                             |                                |
| If amending the registered agent<br>new registered agent and/or the n  |   |                                | <u>:</u>                       |
| Name of New Registered Agen  | Same registered agent (New Business                 | address)                       |                                |
|  | 4611 34th Street South                              |                                |                                |
|  | (Florida street addres                              | s)                             | <del></del>                    |
| New Registered Office Address:   | St. Petersburg                                      | , Florida_                     | 33711<br>                      |
|  | (City)  |                                | (Zip Code)                     |
| New Registered Agent's Signature                                       | re, if changing Registered Agent:                   |                                |                                |
| I hereby accept the appointment as                                     | registered agent. I am familiar with an             | d accept the obligations of th | he position.                   |
| <del></del>  |   |                                |                                |
| 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:

| Title/ Capacity                                    | Name   | Address  | Type of Action   |
|--|--|--|--|
| Director   | Marchelle Albritton  | 2005 Pan Am Circle, Suite 120  |  |
|  |  | Tampa, Florida 33607   | <b>⊡</b> Remove  |
| - <del></del>                                      |  | <del></del>  |  |
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|  |  |  | Remove   |
| 10. Attached is a of the application under the law | a certificate or document of similar import, exation to the Department of State, by the Secretary of which it is incorporated. | videncing the amendment, authenticated ary of State or other official having custoe    | not more than 90 days prior to delivery<br>dy of corporate records in the jurisdiction |
|  | (Signature of a direct a feceiver or other co  | or, president or other officer - if in the hourt appointed fiduciary, by that fiduciar | ands of  |
| J  |  | ^ .  |  |
|  | (Typed or printed name of person signing)  | (Title of  | person signing)  |

FILING FEE \$35.00