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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number : (813)436-5206

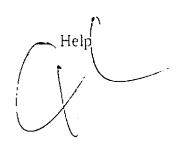
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REGISTERED AGENT CHANGE ACTRIV HEALTHCARE, INC.

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7/18/2023 09:55:23 PD'i 1 To: 18506176380 Page: 2/2 From: Registered Agents Inc. Fax: 8134365206

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607,0502, 617,0502 statement of change is submitted for a corporation organi in order to change its registered office or register.	zed under the laws of the State of Washington
1. The name of the corporation: ACTRIV HEALTHCA	ARE, INC.
2. The principal office address:	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 09/15/2022	Document number: <u>F22000005810</u>
5. The name and street address of the current registered ag Florida Department of State: (If resigned, enter resigned	
CORPORATION SERVICE COM	MPANY S
1201 HAYS STREET	23 JU
TALLAUASSEE EL 22201	
6. The name and street address of the new registered agent (if changed):	→
Penistered Agents Inc	 ~~ ~~
7901 4th St N STE 300	NOT acceptable
St. Petersburg, FL 33702	NOT acceptable
The street address of its registered office and the street a as changed will be identical.	ddress of the business office of its registered agent,
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been not	by its board of directors or by an officer so fied in writing of the change.
allar Morage Signature of argificetor	Allan Njoroge - CEO
I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all statu of my duties, and I am familiar with and accept the oblig document is being filed merely to reflect a change in the corporation has been notified in writing of this change.	agree to act in this capacity. tes relative to the proper and complete performance ation of my position as revistered agent. Or, if this
David X Overts	07/18/2023
If signing on behalf of an entity:	
David Roberts Typed or Printed Name	
* * * PH (NC PP)	C- 925 00 * * *

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

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