

F-22000006036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

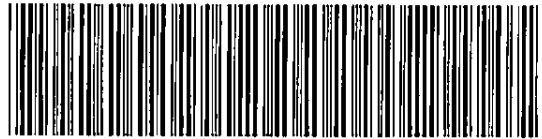
(Business Entity Name)

(Document Number)

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2024 MAY -1 AM 11:12

DIRECTOR OF STATE
REGISTRATION & CORPORATIONS
TALLAHASSEE, FLORIDA

2024 MAY -1 AM 9:40

DIRECTOR OF STATE
TALLAHASSEE, FL

FILED
E 5/1/24

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 435836 7346702

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : April 25, 2024

ORDER TIME : 10:24 AM

ORDER NO. : 435836-047

CUSTOMER NO: 7346702

STATE
TALLAHASSEE, FL
AM 9:40

CHANGE OF AGENT

NAME: WEEKEND HEALTH, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Shauna Godbolt

EXAMINER'S INITIALS: _____

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

1. The name of the corporation: WEEKEND HEALTH, INC.
2. The principal office address: 425 California St Suite 1400 SAN FRANCISCO, CA 94104
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/27/2022 Document number: F22000006036
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)

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION

FL 33324

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

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee

FL 32301

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

APR 22 2024 9:40 AM

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.

/S/ Heather Stark

Heather Stark, CFO

Signature of an officer or director

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.

Corporation Service Company

By: Grace E Kirby
Signature of Registered Agent

04/22/2024

Date

If signing on behalf of an entity:

Grace E. Kirby, Asst. Vice President

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) CSC 435836-47