

F22000007324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

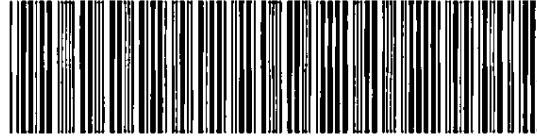
(Document Number)

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S. CHATHAM  
AUG 22 2023

2023 AUG 21 PM 4:42

2023 AUG 21

RECEIVED  
2023 AUG 21 AM 11:18  
TALLAHASSEE, FLORIDA  
REGISTRATION OFFICE  
CORPORATIONS DIVISION

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

ACCOUNT NO. : I20000000195

REFERENCE : 945854 4367457

AUTHORIZATION :

COST LIMIT :

*[Handwritten Signature]*  
\$35.00

-----  
ORDER DATE : August 18, 2023

ORDER TIME : 9:34 AM

ORDER NO. : 945854-005

CUSTOMER NO: 4367457  
-----

CHANGE OF AGENT

NAME: APOLLO ALPHA, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Apollo Alpha, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F22000007324

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christopher Shepard

Name of Contact Person

Apollo Health Ventures

Firm/Company

961 Arlington Ave N

Address

St. Petersburg, FL 33705-1559

City/State and Zip Code

chris@apollo.vc

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

For further information concerning this matter, please call:

Christopher Shepard

Name of Contact Person

at (212)

392-4735

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**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

CR2E045 (04/13)

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

1. The name of the corporation: Apollo Alpha, Inc.
2. The principal office address: 961 Arlington Ave North, St. Petersburg, FL 33705
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12/2/2022 Document number: F22000007324
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)

Corporation Service Company

1201 Hays Street

Tallahassee, Florida 32301

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

Christopher Shepard

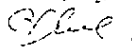
961 Arlington Ave North

P.O. Box NOT acceptable

St. Petersburg, FL 33705

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

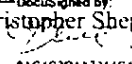
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
BAC4C3D1A7314C4  
Signature of an officer or director

Christopher Shepard

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.*

Christopher Shepard  
  
BAC4C3D1A7314C4  
Signature of Registered Agent

August 18, 2023

Date

By:

If signing on behalf of an entity:

\_\_\_\_\_  
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)

2023 AUG 21 PM 4:42