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Division of Corporations

Fax Number : (850)617-6380

From:

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Account Number : FCA000000023 Phone : (614)280-3338 : (614)573-3996 Fax Number

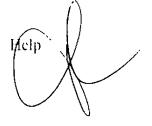
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REGISTERED AGENT CHANGE WILLIAM LANG, MD, P.C. CORP.

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To:

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

statement of ch	unge is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida Statutes in organized under the laws of the State of MD	
		r registered agent, or both, in the State of Florida.	
1. The name of	the corporation: WILLIAM LANG	G, MD, P.C. CORP.	
2. The principa	office address; 185 ADMIRAL CO	OCHRANE DR., STE. 300 ANNAPOLIS, MD 21401	
	address (if different):		
4. Date of incom	poration/qualification: 09/13/2023	Document number: F23000005233	
	d street address of the current regi rtment of State: (If resigned, enter	stered agent and registered office on file with the resigned)	
	CORPORATION SERVICE COM	4PANY	
	1201 HAYS STREET		
	TALLAHASSEE, FL 32301-2525	· · · · · · · · · · · · · · · · · · ·	60
6. The name an (if changed):	d street address of the new registe	red agent (if changed) and /or registered office	:
	C T Corporation System		•
	1200 South Pine Island Road		
	Plantation, Florida 33324	P.O. Box NOT acceptable	-7 12
The street addr	ess of its registered office and the	e street address of the business office of its regist	ered agent,
Such change wanthorized by t	as authorized by resolution duly he board, or the corporation has l	adopted by its board of directors or by an officer been notified in writing of the change.	so
Willand	Hang	William I. Lang	
State	ne all officer or director	Printed or typed name and title	
I further agrée of my duties, a document is be corporation ha	to comply with the provisions of ad I am familiar with and accept ing filed merely to reflect a chan s been notified in writing of this is	gent and agree to act in this capacity, all statutes relative to the proper and complete p the obligation of my position as registered agent ge in the registered office address, I hereby confi change	erformance . Or, if this rm that the
C T Corporatio	System ////////////////////////////////////	8/16/2024	
Si	manure of Registeral Agent	Date	
If signing on b	chalf of an entity:		
Enc Jensen, Assis	tant Secretary		
-	yped or Printed Name	_	
	* * * FILT	NG FEE: \$35.00 * * *	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, Fl. 32314 CR2F045 (04/13)

By: