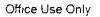
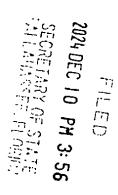
## F24000002247

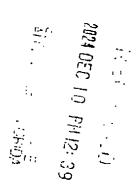
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
J. Dennis 12-10-24				





700439556927







115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:	12/10/2024					
Name:	Cheyanne Davis	_				
Reference	#:2565297	_				
	e:CITYBLOC	K HEALTH, INC.				
	cles of Incorporation/Authorization					
☐ Ame	endment					
✓ Change of Agent						
Reinstatement						
Conversion						
☐ Merger						
☐ Dissolution/Withdrawal						
Fictitious Name						
☐ Othe	er					
Authorized	Amount: \$35.00					
Signature:	Chyme Paine					

F: +852.2682.9790

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

statement of char	ge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida S on organized under the laws of the State of _ or registered agent, or both, in the State of Fi	Dela		<u>}</u>
1. The name of th	e corporation: CITYBLO	CK HEALTH, INC.			
4. Date of incorpo	oration/qualification: <u>4/24/</u>	Document number: F2400	<u> </u>	247	
	street address of the current reg ment of State: (If resigned, ente	istered agent and registered office on file wit r resigned)	h the		
	CT Corporation	n System			
	1200 SOUTH	PINE ISLAND ROAD	2024 E SECH		
-	PLANTATION				
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered offi		SS-Silver State of the state of	024 DEC 10	T
	Cog	ency Global Inc.	면 <b>PH</b> 연구,		
·	115 North Calhoun Street, Suite 4		င္မာ		
-	P.O. Box NOT acceptable		受問	56	
	Tallahassee, Florida 32301				
The street addres as changed will t	s of its registered office and the identical.	ne street address of the business office of its	registe	red age	ent,
Such change was authorized by the	authorized by resolution duly board, or the corporation has	adopted by its board of directors or by an obeen notified in writing of the change.	officer s	0	
/s/ Susan Brown Signature of an officer or director		Susan Brown, Secreta	ry ie		
I berehv accent i	he annointment as registered a	agent and agree to act in this capacity. I all statutes relative to the proper and com I the obligation of my position as registered age in the registered office address, I hereb change.		rforma Or, if m that	ince this the
/s/ Tim Mayville		11/21/2024			
Signature of Registered Agent		Date			_
If signing on beh	alf of an entity:				
Tim Mayville	e. Assistant Secretary	<del>,</del>			

\* \* \* FILING FEE: \$35.00 \* \* \*