6/27/25, 3:05 PM

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081

Phone : (307)200-2803

Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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LLC REGISTERED AGENT CHANGE FIRST DOSE LLC

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Jun 27, 2025 12:€5 . To: +18506176383 Page 2/2 Fax 18134365206

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: First Dose LLC				
2. (a)	1000 Brickell Ave	(b) 1000 Brickell Ave			
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Ste 715		Ste 715		
	Miami, FL 33131		Miamı, FL 33131		
	09/24/2024		L2400041	6223	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	FADDOUL, CHARBEL				
()	Registered Agent and Registered Office shown on the records of 28314 BROKENMEAD PATH	the Flo	rida Dept. of Sta	nie:	
	Registered Office Address (MUST BE FLORIDA STREET.	4DDRI	ESS)	- - 2	
	WESLEY CHAPEL . FL	3354	3	FILEL PH	
(b)	NORTHWEST REGISTERED AGENT ILLC			FILED PH 3: 50 EVANAS SERVICIONA	
	Enter name of NEW Registered Agent and/or NEW Registered	Office	address:		
	7901 4TH ST N			3: 50 3: 50	
	NEW Registered Office Address:			· ·	
	STE 300				
	ST. PETERSBURG FL	3370	2	_	
change agent was/we the arti- Signa	imited liability company is not organized under the layer or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of icles of organization or the operating agreement of the florida member or authorized representative of a member.	regist ability of the I limite N	ered office ar company, it imited liabili d liability cor at Smith	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in an appany. Printed or typed name of signee	
provisi the obl to mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete, ligations of my position as registered agent as provided ely reflect a change in the registered office address. If d in writing of this change,	ec to t perfor Ljor ii iereby	ics in this cap mance of my i Chapter 60, confirm that	naciny 1 juriner agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
Signatu	Taylor Newman				