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Division of Corporations

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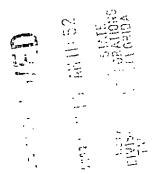
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LLC REGISTERED AGENT CHANGE IMPERIUM HEALTH MANAGEMENT, LLC

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NOV 17 2023

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.

Na	me of the limited liability company: IMPERIUM HEA	LTH MANA	GEMENT, LLC			
(a)	No change	(b) No change				
.,.	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	09/26/2013	M1	3000006111			
	Date of filing/registration in Florida	4.	Document number			
(a)	COGENCY GLOBAL INC.					
	Registered Agent and Registered Office shown on the records of the HIS NORTH CALHOUN ST.	he Florida Dej	pt, of State:			
	Registered Office Address (MUST RE FLORIDA STREET A					
	TALLAHASSEE , FL.	32301				
	C T Corporation System					
(b)	Enter name of NEW Registered Agent and/or NEW Registered	<u></u>				
	1200 South Pinc Island Road		ਜ਼ ਦਾ ಎ			
	NEW Registered Office Address:					
	Plantation	33324				
cha ent w s/we arti	imited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia- tic authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	vs of the Sta the register ibility comp f the limited limited liab	ed office and the business office of the registero any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in ility company.			
	Corosec, Secretary ure of a member or authorized representative of a member	/s/ Kara	Printed or typed name of signee			
ierel ovisio obli mere tified	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have the composition of this change. Or Corporation System Is Michele Holden, Asst Sect The of Registered Agent	ee to act in performanc I for in Cha sereby confi	this capacity. I further agree to comply with the			