## M21000006136

(Requestor's Name)								
(Address)								
(Addiess)								
(Address)								
(City/State/Zip/Phone #)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
· - <del></del>								
Special Instructions to Filing Officer;								

Office Use Only



000415230510

2023 SEP 13 AM IC

TALLAHASSEL FLUNIDA



CORPORATION SERVICE COMPANY 1201 Hays Street

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 972238 8422967
AUTHORIZATION THE SERVE
COST LIMIT : \$25.00
ORDER DATE : September 6, 2023
ORDER TIME : 8:22 AM
ORDER NO. : 972238-018
CUSTOMER NO: 8422967
CHANGE OF AGENT
NAME: APOLLO HEALTH PRODUCTS, LLC
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY
CONTACT PERSON: Alexxis Weiland-sorenson
FYAMINED/C INTTINIC.

## STÄTEMENT 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: APOLLO HEA	LTH PRO	DUCTS, LL	_C			
(u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(		Mailing address o	f limited lia	ability cor	npany:
	28311 N. MAIN ST., STE. 200		28311 N	. MAIN ST., ST	E. 200		
	DAPHNE, AL 36526	<del></del>	DAPHNE, AL 36526				
	05/19/2021		M210000	06136			
3.	Date of filing/registration in Florida	4.		Document nur	mber		
5. (a)							
J. (a)	Registered Agent and Registered Office shown on the records of	of the Florida	Dept. of Sta	 te:			
	COGENCY GLOBAL INC.		•				
	Registered Office Address (MUST BE FLORIDA STREE	TADDRESS	<u> </u>	_			
	115 N. CALHOUN ST. STE 4				_	21	
	TALLAHASSEE .F	32301		_	ALL'A	2023 SEP 13	
				_	<u> </u>	:P	
(b)				_	386		;
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office ad	dress:		:ـــ: الث	AM	
	Corporation Service Company				ÀÜLMHASSEE, FLORIÓA	AM 10: 29	
	NEW Registered Office Address:				A	Φ	
	1201 Hays Street	1 Hays Street					
	Tallahassee	32301					
	.,,	7L		<del></del>			
change agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited later authorized by an affirmative vote of the members icles of organization or the operating agreement of the	ne registere liability co s of the lim	ed office an mpany, it i ited liabilit	nd the business of s hereby confir ty company or a	office of med that	the regi: the chai	stered nge(s)
	y sin Cilin			Authorized Person			
I here provis the obsto mer notifie	ture of a member or authorized representative of a member by accept the appointment as registered agent and as ions of all statutes relative to the proper and complet ligations of my position as registered agent as providely reflect a change in the registered office address, if in writing of this change.	gree to act e performa led for in C I hereby co	in this cap ince of my hapter 602 infirm that	Printed or typed acity. I further duties, and I an 5, F.S. Or, if th the limited liab	auree to	- -comply	with the nd accept eing filed s been
Grace	E. Kirby, Asst. Vice President						

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00