N22000001826

| (Re | equestor's Name) | ·- | |
|---|--------------------|-----------|--|
| (Ad | dress) | | |
| (Ad | ldress) | <u> </u> | |
| (Cit | ty/State/Zip/Phone | ; #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Bu | siness Entity Nam | ne) | |
| | | | |
| (Document Number) | | | |
| Certified Copies | _ Certificates | of Status | |
| Special Instructions to Filing Officer: | | | |
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2023 CEC 21 - 611 0: 35

COVER LETTER -

| TO: Amendment Section Division of Corporations | | |
|---|--|--|
| SUBJECT: Outdoor Health, Inc. Name of Corporation | | |
| DOCUMENT NUMBER: N22000001826 | | |
| The enclosed Statement of Change of Registered | Office/Agent and fee are submitted for filing. | |
| Please return all correspondence concerning this | matter to the following: | |
| Cedric Dahl | | |
| Name of Contact Person | | |
| Firm/Company | | |
| 8384 Clematis Lane | | |
| Address | | |
| Orlando / Florida 32819 | | |
| City/State and Zip Code | | |
| cedricdahl@gmail.com | | |
| E-mail address: (to be used for future annua | l report notification) | |
| For further information concerning this matter, | please call: | |
| Cedric Dahl | at (360) 3676666 Area Code & Davtime Telephone Number | |
| Name of Contact Person | Area Code & Daytime Telephone Number | |
| Enclosed is a \$35.00 check made payable to the | e Department of State. | |
| Mailing Address: Amendment Section | Street Address: | |
| | Amendment Section | |
| Division of Corporations P.O. Box 6327 | Division of Corporations The Centre of Tallahassee | |
| P.O. BON 6527 Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 | |
| (ananassee, 11, 22,717 | Tallahacen FL 32303 | |

CR2E045 (04/13)

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

| in order to change its registered office or registered agent, or both, in the State of Flor | rida. | |
|--|---|--|
| 1. The name of the corporation: Outdoor Health. Inc | | |
| 2. The principal office address: 8384 Clematis Lane, Orlando, Florida, 32819 | | |
| 3. The mailing address (if different): | · · · · · · · · · · · · · · · · · · · | |
| 4. Date of incorporation/qualification: Feb 7, 2022 Document number: N220000018 | 326 | |
| 5. The name and street address of the current registered agent and registered office on file with Florida Department of State: (If resigned, enter resigned) | | |
| Alexa Cooper | in the same | |
| 8384 Clematis Lane | 3000 | |
| Orlando, Florida 32819 | 2 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | - 1 - | |
| Cedric Dahl | | |
| 8384 Clematis Lane | | |
| P.O. Box NOT acceptable | | |
| Orlando, Florida 32819 | | |
| The street address of its registered office and the street address of the business office of its ras changed will be identical. | egistered agent. | |
| Such change was authorized by resolution duly adopted by its board of directors or by an of authorized by the board, or the corporation has been notified in writing of the change. | ficer so | |
| Cedric Dahl, President | | |
| Signature of an officer or director Printed or typed name and title | · | |
| I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and completed my duties, and I am familiar with and accept the obligation of my position as registered a document is being filed merely to reflect a change in the registered office address. Thereby corporation has been notified in writing of this change. | ete performanc gent. Or, if this confirm that the | |
| Signature of Registered Agent Date | 16-Dec-2023 | |
| V Signature of Registered Agent Date | | |
| If signing on behalf of an entity: | | |
| | | |

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