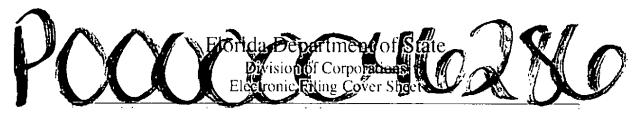
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email Address:\_\_\_\_\_ 9 REGISTERED AGENT CHANGE RALPH GARRAMONE, M.D., P.A. Certificate of Status 0 Certified Copy Page Count 02 Estimated Charge \$35,00

J. HORNE

JAN 1-8-2023

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

statement of cha	nge is submitted for a corporation o	7.0302, 607.1308, or 617.1308, Florida State organized under the laws of the State of <mark>Flori</mark> egistered agent, or both, in the State of Flori	da	
	he corporation: Ralph Garramone, N			
2. The principal	office address: 12998 S. Cleveland A	ve., FORT MYERS, FL 33907		
_				
4. Date of incorp	oration/qualification: 05/09/2000	Document number: P0000004628	6	
	street address of the current registe timent of State: (If resigned, enter re-	red agent and registered office on file with the signed)	it.	
	GARRAMONE, RALPH			
	12998 S. Cleveland Avc.			
	FORT MYERS, FL 33907			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				
	Corporate Creations Network Inc.			
	801 US Highway 1		17 SEE	
	North Palm Beach, FL 33408	O, Box NOT acceptable	ROZ3 JAN 17 PH 2: 9 SECKETARY OF SIZE ALLAHASSEE, FI - 4:	
The street addre	ss of its registered office and the st be identical.	treet address of the business office of its reg	istered agent.	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.  GARRAMONE, RALPH, President				
Signature of an officer or director		By: Lauren Underwood, Attorney-in-Fa	By: Lauren Underwood, Attorney-in-Fact Printed or typed name and tale	
document is bei	the appointment as registered ager o comply with the provisions of all d I am familiar with and accept the ny filed merely to reflect a change been notified in writing of this cha	nt and agree to act in this capacity. I statutes relative to the proper and complet I obligation of my position as registered ag in the registered office address, I hereby co	e performance ent. Or, if this	
Lambble		01/17/2023		
	isture of Registered Agent	Date		
If signing on be	half of an entity:			
	od, Special Secretary			
1)	ped or Printed Name			

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