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(Business Entity Name)							
(Document Number)							
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C8/23/24

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: ANGIO INVESTMENTS INC Name of Corporation	
DOCUMENT NUMBER: P03000109406	
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
ANA GAZARIAN	
Name of Contact Person	
ANGIO INVESTMENTS INC	
Firm/Company	
175 SW 7TH ST STE 1718	
Address	
MIAMI, FL 33131	
City/State and Zip Code	
ana.gazarian@ems-ir.com	
E-mail address: (to be used for future annua	I report notification)
For further information concerning this matter, p	please call:
ANA GAZARIAN	21, 786 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Name of Contact Person	at (786) 4439007 Area Code & Daytime Telephone Numb
Enclosed is a \$35.00 check made payable to the	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
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
1 ananassee, 1 L 32314	Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 6 nge is submitted for a corporation r to change its registered office or	i organizea	l under the laws of th	he State of _	Florida		
I The name of t	he corporation: ANGIO INVESTA	MENTS INC	<u>;</u>				
	office address: 175 SW 7TH ST ST						
3. The mailing a	ddress (if different):						
4. Date of incorp	ocration/qualification: 10/06/2003		_ Document numbe	r: <u>P030001</u>	09406		
	street address of the current regis tment of State: (If resigned, enter		t and registered offic	e on file w	ith the		
	ANA GAZARIAN				_		
	800 BRICKELL AVE STE 1105 M	иамі, fl	33131 .		<u>.</u> .	7	
]]+:		•
6. The name and (if changed):	street address of the new register	ed agent (i	f changed) and /or re	egistered of		23 PH 2:50	-
	175 SW 7TH ST STE 1718 MIAM	II. FL 33130)		г	ω	
		P.O. Box NO	T acceptable	,	_		
The street addre	ss of its registered office and the	street add	ress of the business	office of i	– ts regis	tered a	igent,
Such change wa authorized by th	is authorized by resolution duly a le board, or the corporation has b	adopted by seen notific	its board of directord in writing of the	rs or by an change.	office	r so	
lea	Myour or affector	_ A	NA GAZARIAN - P	resident	ii.		
I hereby accept I further agree to of my duties, an document is bei	the appointment as registered as occupility with the provisions of a lam familiar with and accept to filed merely to reflect a chang been notified in writing of this a	all statutes the obligat te in the re	ree to act in this co	macity		perfori t. Or irm th	nance if this at the
(Second	Mour	. 0	8/14/2024				
(Sign	natificate egistered Agent			Date			
If signing on be	half of an entity:						
	yped or Printed Name	-					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

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