P18000022824

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	_ Certificates of St	atus
Special Instructions to	Filing Officer	





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TĂLLÄHÄSSÉÉ FLÖRIDA

Dieterinasettenium

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195				
REFERENCE : 030803 8425129				
AUTHORIZATION: Constitution				
COST LIMIT : \$ 35.00				
ORDER DATE: October 3, 2023				
ORDER TIME : 1:11 PM				
ORDER NO. : 030803-066				
CUSTOMER NO: 8425129				
-				
CHANGE OF AGENT				
NAME COMPLY CROWN INC				
NAME: SOTERIA GROUP, INC.				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY				
XX PLAIN STAMPED COPY				
CONTACT PERSON: Eyliena Baker EXT#				
EXAMINER.				

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

statement of cha	nnge is submitted for a corporation	617.0502, 607.1508, or 617.1508. Florida Statutes, this a organized under the laws of the State of FL registered agent, or both, in the State of Florida.
1. The name of t	the corporation: SOTERIA GROUI	P, INC.
2. The principal		
3. The mailing a	iddress (if different):	
4. Date of incorp	poration/qualification: 03/08/201	8 Document number: P18000022824
	I street address of the current regis tment of State: (If resigned, enter	stered agent and registered office on file with the resigned)
	Laurie, Tia	-1. 23
-	6968 Professional Parkway	N3 OC
	Sarasota, FL 34240	1AS:
6. The name and (if changed):		ed agent (if changed) and /or registered office FLORIG
		¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬
	1201 Hays Street	P.O Box NOT acceptable
	Tallahassee	FL 32301
The street addre	ess of its registered office and the be identical.	street address of the business office of its registered agent
Such change was authorized by th	as authorized by resolution duly a ne board, or the corporation has b	adopted by its board of directors or by an officer so een notified in writing of the change.
	i & Williami	JILL CILMI, VICE PRESIDENT
I hereby accept I further agree to of my duties, an document is belo corporation has	to comply with the provisions of a d I am familiar with and accept t ng filed merely to reflect a chang been notified in writing of this c	Printed or typed name and title tent and agree to act in this capacity. Ill statutes relative to the proper and complete performanc the obligation of my position as registered agent. Or, if this te in the registered office address, I hereby confirm that the thange.
By: Dr	n Service Company nature of Registered Agent	10/09/2023
If signing on bel	half of an entity:	
	BY, ASST. VICE PRESIDENT oped or Printed Name	

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