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Account Name : WINDERWEEDLE, HAINES, WARD & WOODMAN, P.A.

Account Number: 076077002775 : (407)760-4670 Phone : (321)379-7978 Fax Number

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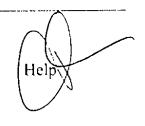
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## REGISTERED AGENT CHANGE ORLANDO IMMUNOLOGY CENTER, P.A.

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

statement of cha	nge is submitted for a corporation o	v.0302, 607.1308, or 617.1308, Florida Statites, this organized under the laws of the State of Florida egistered agent, or both, in the State of Florida.	_
2. The principal	office address: 1707 NORTH MILLS	NOLOGY CENTER, P.A. S AVENUE, ORLANDO FL 32803	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 09/05/2019	Document number: P19000068450	
	I street address of the current registe tment of State: (If resigned, enter re	ored agent and registered office on file with the signed)	
	DAVID L. SCHICK, ESQ.		
	1707 NORTH MILLS AVENUE		
	ORLANDO FL 32803	2023 OCT 16	ا ك الله كا مند
6. The name and (if changed):		l agent (if changed) and /or registered office.	
	WHWW, INC.	9: 03	Care of
	329 PARK AVENUE NORTH, SEC	OND FLOOR	
		O. Box NOT acceptable	
	WINTER PARK FL 32789		
The street address changed will	ess of its registered office and the s be identical.	street address of the business office of its registered ag	ent,
Such change was authorized by the	as authorized by resolution duly ad ne board, or the corporation has be-	opted by its board of directors or by an officer so en notified in writing of the change.	
M	Stale	AUTHORIZED REPRESENTATIVE	<del></del>
Signatu	TO YELL re it air officer or director	Printed or typed name and title	
I further agree of my duties, ar document is be	the appointment as registered age to comply with the provisions of al ad I am familiar with and accept th ing filed merely to reflect a change s been notified in writing of this ch	ont and agree to act in this capacity. I statutes relative to the proper and complete perform e obligation of my position as registered agent. Or, if in the registered office address, I hereby confirm that ange.	ance this the
M	truo,	10/16/2023	
Sig	mature of Registered Agent	Date	
If signing on bo	chalf of an entity:		
DEBORAH FRI	CKE, VICE PRESIDENT		
7	yped or Printed Name		

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