

P200000019638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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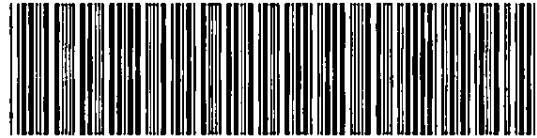
(Business Entity Name)

(Document Number)

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RA Change

JAN 05 2023

D CUSHING



1007 E Ft. King Street, Ocala, FL 34471

September 23, 2022

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Change of Registered Agent

To whom it may concern,

Hope this letter finds you well. During our meeting held September 22, 2022 we came to the decision and thus are writing to formally request a change to the Registered Agent associated with our company on your records. Records show that it is currently Yeralin Feliciano. We would like to remove that name indefinitely and for records to reflect Dr. Axel Martinez as the Registered Agent effective immediately on Document No. P20000019638.

Attached is the required forms and payment to make changes to the business filing. Please forward any further correspondence to our facility directly at:

Intelligence Health Group  
1007 E. Ft. King Street  
Ocala, FL 34471

If there are any further questions, please feel free to reach out to us in writing or by phone at (325) 315-3254. Thank you for your prompt attention to this matter.

Sincerely,

Dr. Axel Martinez

[Axel.martinez@intelligencehealthgroup.com](mailto:Axel.martinez@intelligencehealthgroup.com)

(325) 315-3254

2022 SEP 20 PM 3:36

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Intelligence Health Group, Inc  
Name of Corporation

**DOCUMENT NUMBER:** F20000019638

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:

Axel E Martinez

Name of Contact Person

Intelligence Health Group, Inc.

Firm/Company

1007 E Fort King Street

Address

Ocala, FL 34471

City/State and Zip Code

axel.martinez@intelligencehealthgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Axel E Martinez

at (325) 315-3254

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Intelligence Health Group, Inc.
2. The principal office address: 1007 E Fort King Street, Ocala, FL 34471
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 02/28/2020 Document number: P20000019638
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Yeralin Feliciano Concepcion  
1007 E Fort King Street  
Ocala, FL 34471

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Axel E Martinez  
1007 E Fort King Street  
Ocala, FL 34471

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

Axel E Martinez Axel E Martinez  
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 complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Axel E. Martinez 09/26/2022  
Signature of Registered Agent Date

If signing on behalf of an entity:

Axel E Martinez  
Typed or Printed Name

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

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

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