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(((H23000240525 3)))



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Division of Corporations

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From:

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Account Number : I20100000062 : (888)705-7274

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

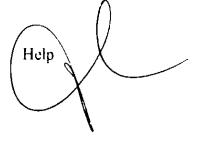
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## REGISTERED AGENT CHANGE RW HEALTH FL, P.A.

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**':?** 

H23000240525 3

pg 2 of 3

## **COVER LETTER**

TO: Amendment Section Division of Corporations RW Health FL, P.A. P20000084396 **DOCUMENT NUMBER:** 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: Lori Whalen Name of Contact Person Registered Agent Solutions, Inc. Firm/Company Corporate Center One, 5301 Southwest Pkwy, Ste 400 Address Austin, Texas 78735 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lori Whalen Name of Contact Person 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

Amendment Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

H23000240525 3

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

|                                     | provisions of sections 60:<br>ange is submitted for a co   |   |  |  |  |
|-------------------------------------|--|---|--|--|--|
|                                     | er to change its registered  |   |  | •  |  |
| 1. The name of                      | the corporation: RW He   | ealth FL, P.A.  |  |  |  |
|                                     | office address: 2 Gans   |   | n FI Ste 01,                           | New York, NY 1   | 0014                                     |
| 3. The mailing a                    | iddress (if different): 228  | Park Ave S  |  |  |  |
| 4. Date of incorp                   | poration/qualification: 10   | 0/20/2020   | Document n                             | umber: P200000843  | 196                                      |
|                                     | d street address of the curn<br>timent of State: (If resigno   |   |  | d office on file with the  |  |
|                                     | CORP2000,  | INC.  |  |  |  |
|                                     | 155 OFFICE PLAZA   | A DR SUITE A  |  |  |  |
|                                     | TALLAHASSEE, FL  | 32301   |  |  | 202                                      |
| 6. The name and (if changed):       | /or registered office  | 2023 . ***  |  |  |  |
|                                     | Registered Age   | nt Solutions  | , Inc.                                 |  | Ċ  |
|                                     | 2894 Remington   | n Green Ln.   | Ste A                                  |  |  |
|                                     |  |   | OT acceptable                          |  | ?  |
|                                     | Tallahassee  | FL  | 32308                                  |  | <u></u>                                  |
| The street addre<br>as changed will | ess of its registered office<br>be identical.  | and the street ad   | dress of the bus                       | iness office of its registe  | ered agent,                              |
| Such change wa<br>authorized by th  | is authorized by resolution<br>to board, or the corporati  | on duly adopted boon has been notifi  | y its board of di<br>led in writing of | rectors or by an officer of the change.  | so                                       |
| /s/ Lee S                           |  | Le  | e Scott                                |  | rized Person                             |
| -<br>I hereby accent                | the appointment as regis<br>o comply with the provis<br>d I am familiar with and<br>ng filed merely to reflect<br>been notified in writing | tered agent and a<br>ions of all statute<br>accept the obliga<br>a change in the r<br>of this change. | gree to act in th                      | i or typed hante and tilk<br>his capacity,<br>proper and complete pe<br>ion as registered agent,<br>address, I hereby confir | erformance<br>Or, if this<br>om that the |
| Ma                                  | مع الله المعالم  |   | 07/10/2023                             |  |  |
| Sign                                | nature of Registered Agent   | · <del>· · · · · · · · · · · · · · · · · · ·</del>  |  | Date   |  |
| If signing on bel                   | half of an entity:   |   |  |  |  |
| Mackenzie Hible                     | r, Assistant Secretary   |   |  |  |  |
| Ту                                  | ped or Printed Name  |   |  |  |  |
|                                     | * *  | * FILING FEE:   | \$35.00 * * *                          |  |  |
|                                     | MAKE CHECKS PA   | YARLE TO ELOPH  | NA PROADTHER                           | TOF STATE  |  |

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