Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000131043 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : URS AGENTS LLC Account Number : I20150000127 Phone : (800)567-4397

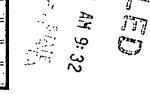
Fax Number : (800)567-4398

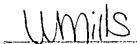
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

REGISTERED AGENT CHANGE RW HEALTH FL, P.A.

Certificate of Status	0
Certified Copy	U
Page Count	01
Estimated Charge	\$35,00





Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

Page: 2 of 3

TO: Amendment Section Division of Corporations	
SUBJECT: RW HEALTH FL, P.A. Name of Corporation	
DOCUMENT NUMBER: P20000084396	
The enclosed Statement of Change of Registered Office	ce/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
Kayla Madrid Name of Contact Person	
RW Health FL, P.A.	
Firm/Company	
5575 DTC Parkway Suite 300	
Address	
Greenwood Village CO 80111	
City/State and Zip Code	
kayla madrid@rightwayhealtheare.co	com
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call:
URS AGENTS C/O LAUREN JOHNSON	at (800)567-4397 Area Code & Daytime Telephone Number
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

CR2E045 (04/13)

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

statement of cha	unge is submitted for a corporation org	1502, 607.1508, or 617.1508, Florida Statutes, this ganized under the laws of the State of FL istered agent, or both, in the State of Florida		
1. The name of	the corporation: RW HEALTH FL, P.A			
2. The principal	office address: 2 Gansevoort St 7th FL S	STE 01, New York, NY 10014		
3. The mailing a	nddress (if different): 228 Park Ave S Pi	MB 42634, New York, NY 10003		
4. Date of incorp	poration/qualification: 10/20/2020	Document number: P20000084396		
	d street address of the current registere rtment of State: (If resigned, enter resigned	d agent and registered office on file with the gned)		
	REGISTERED AGENT SOLUTIONS,			
TALLAHASSEE, FL 32308				
TALLAHASSEE, FL 32308				
6. The name and street address of the name remistered are not (if showed) and (or registered office 1971)				
(if changed): URS AGENTS, LLC 3458 LAKESHORE DR				
				P.O. Box. NOT acceptable
	TALLAHASSEE, FL 32312			
The street address changed will	ess of its registered office and the stre be identical.	eet address of the business office of its registered agent,		
Such change wa	as authorized by resolution duly adop ne board, or the corporation has been	nted by its board of directors or by an officer so notified in writing of the change.		
Xa la	les Rom	Xavier Del Rosario CFO		
•	ie of an officer or director	Printed or typed name and title		
I hereby accept I furthér agree of my duties, ar document is bai corporation ha:	the appointment as registered agent to comply with the provisions of all s ad I am familiar with and accept the c ing filed merely to reflect a change in s been notified in writing of this chan	and agree to act in this capacity, tatutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this the registered office address, I hereby confirm that the ge.		
7.2	ninjohier	4/10/2024		
Siy	mature of Registered Agent	Date		
If signing on be	chalf of an entity:			
LAUREN JOHN	SON, ASST. SECRETARY			
Т	yped or Printed Name			

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