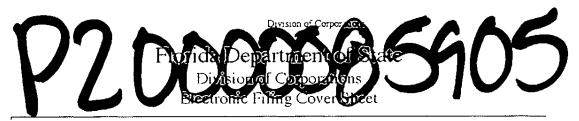
\$/10/2021



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.

(((H210003021243)))



H210003021243ABCP

•			
	To:		
		Division of Corporations	-
		Fax Number : (850)617-6380	[
	From:		==
		Account Name : LEGALINC CORPORATE SERVICES INC.	20
	•	Account Number : I20180000011	(7)
£		Phone : (844)386-0178	-:
		Fax Number : (214)317-4754	. []
*En		email address for this business entity to be used for futur report mailings. Enter only one email address please.**	e atu

REGISTERED AGENT CHANGE SONGBIRD HEALTH AND MEDICAL PA

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

AUG:12 2021 S. PRATHER

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Help

(((H21000302124 3))) STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	-	2, 617.0502, 607.1508, or 617.1508, Florida Statutes, this non organized under the laws of the State of			
		or registered agent, or both, in the State of Florida.			
	the corporation: Songbird Health		-		
• •	l office address: ; Rd Ste 128 #17739, Orlando, FL	, 32803	-		
3. The mailing a	address (if different):		_		
4. Date of incor	poration/qualification: 11/04/20	Document number: P20000085905	_		
	d street address of the current re etment of State: (If resigned, ent	gistered agent and registered office on file with the ter resigned)			
	COGENCY GLOBAL INC.				
	115 N CALHOUN ST STE 4				
	TALLAHASSEE, FL 32301				
6. The name an (if changed):		tered agent (if changed) and /or registered office			
	5237 SUMMERLIN COMMONS BLVD, SUITE 400				
	FORT MYERS, FL. US, 33907	P O Box NOT acceptable	1 304 1802 13		
The street addr	ess of its registered office and t	the street address of the business office of its registered agent	, —		
Such change w authorized by t	as authorized by resolution dul he board, or the corporation has	ly adopted by its board of directors or by an officer so	Ä 三 □		
B	radley Exterman	BRADLEY ESTERMAN, PRESIDENT	02		
I hereby accept I further agree of my duties, at document is be	we of an officer or director t the appointment as registered to comply with the provisions of and I am familiar with and access	Printed or typed name and title I agent and agree to act in this capacity, of all statutes relative to the proper and complete performance of the obligation of my position as registered agent. Or, if this ange in the registered office address, I hereby confirm that the is change.	LS		
	200	8/10/2021			
SA	gnature of Registered Agent	Date			
If signing on bo	chalf of an entity:				
ANNA MANUI	KYAN				
	Typed or Printed Name	_			
	* * * FII	LING 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)