

P20000086362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

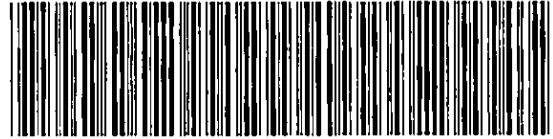
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

J. DENNIS 10-28-24

Office Use Only



100438281681

FILED

2024 OCT 28 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2024 OCT 28 PM 3:37

TALLAHASSEE, FLORIDA

**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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SOLLIS HEALTH FL, INC.
2. The principal office address: 135 E 57TH ST. 4TH FLOOR, NEW YORK, NY 10022
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/05/2020 Document number: P20000086362
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)

Sollis Health

324 Royal Palm Way Suite # 229

Palm Beach

FL 33480

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

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee

FL 32301

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.

/s/ James Fishkin

Signature of an officer or director

James Fishkin

President

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.

Corporation Service Company

By: Grace E. Kirby

Signature of Registered Agent

10/17/2024

Date

If signing on behalf of an entity:

Grace E. Kirby, Asst. Vice President

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)

CSC COA-11295

FILED
2024 OCT 28 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA