

P21 0000 14168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

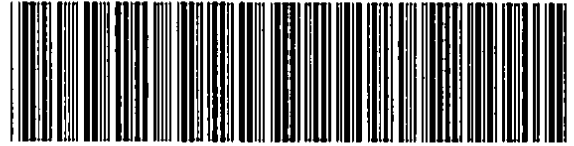
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TALLAHASSEE, FL 32399

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Spartan Medical Group, Inc., official addition of company officer/agent.
Name of Corporation

DOCUMENT NUMBER: P21000014168

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:

Kwabena Amponsah
Name of Contact Person
Spartan Medical Group, Inc.
Firm/Company
10524 Moss Park Road, Suite 204-771
Address
Orlando, FL 32832
City/State and Zip Code
Kamponsahpllc@gmail.com

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

For further information concerning this matter, please call:

Kwabena Amponsah at (937) 902-2068
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

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.

2. The principal office address: 9145 Narcoossee Road, Suite 102, Orlando, FL 32827

4. Date of incorporation/qualification: 2/8/2021 Document number: P2100001468

CEO/President: Kwabena Amponsah

Orlando, FL 32832

Vice President/Medical Director: Daniel Amponsah

4208 Isle Vista Avenue

P.O. Box NOT acceptable
Belle Vista, Fl. 32812

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.

Kwabena Amponsah / CEO
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.

11/23/21

If signing on behalf of an entity:

Typed or Printed Name

★ ★ ★ FILING FEE: \$35.00 ★ ★ ★

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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