Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845

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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.

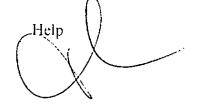
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REGISTERED AGENT CHANGE CARBON HEALTH ALPHA PRIMARY CARE OF FLORIDA, P.A.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu



To:

By:

DocuSign Envelope ID: 18B401E7-E363-46B2-BB35-5C681CBBD615 STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

•		92, 607,1508, or 617,1508, Florida Statutes, this nized under the laws of the State of FLORIDA	
•		ered agent, or hoth, in the State of Florida.	
I. The name of t	the corporation: CARBON HEALTH A	LPHA PRIMARY CARE OF FLORIDA, P.A.	
	office address: 2100 FRANKLIN ST STE		
OAKLAND, CA	04413		
4. Date of incorp	poration/qualification: 06/24/2021	Document number: P21000059669	
	1 street address of the current registered attent of State: (If resigned, enter resign	agent and registered office on file with the ed)	
	CORPORATION SERVICE COMPANY		
	1201 HAYS STREET	2022 OCT 24	
	TALLAHASSEE, FL 32301-2525	CT 2	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		nt (if changed) and /or registered office	i
	C T Corporation System		
	1200 South Pine Island Road	5.	
	P.O. Bo Plantation, Florida 33324	NOT acceptable	
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its registered agent,	
Such change wa	as authorized by resolution duly adopte the board, or the corporation has been not be.	d by its board of directors or by an officer so officed in writing of the change.	
SUMI	MANDALAA	SUJAL MANDAVIA	
I hereby accept I further agree of my duties, an document is bei	id I am familiar with and accept the ob ing filed merely to reflect a change in th s been notified in writing of this change	Printed or typed name and title and agree to act in this capacity: tutes relative to the proper and complete performance ligation of my position as registered agent. Or, if this he registered affice address, I hereby confirm that the 1. 09/22/2022	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
DENISE BELL,	ASST. SECY.		
Т	yped or Printed Name		
	* * * FILING FI	EF- \$35.00 * * *	