| (F | Requestor's Name) | | | |
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| (0 | City/State/Zip/Phone #) | | | |
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| PICK-UP | WAIT MAIL | | | |
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| (8 | Business Entity Name) | | | |
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| (Document Number) | | | | |
| | | | | |
| Certified Copies | Certificates of Status | | | |
| | Collingator of Claras | | | |
| | | | | |
| Special Instructions to F | iling Officer: | | | |
| | | | | |
| | J. HORNE | | | |
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| | MAY 1 <u>6</u> 2023 | | | |
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Office Use Only



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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

| Date: | 05/15/2023 | |
|--------------|----------------------------------|--|
| Name: | Chris Vick | <u>. </u> |
| Reference #: | 1970706 | <u> </u> |
| Entity Name: | VH PROVI | DER GROUP, P.A. |
| | | |
| Article | s of Incorporation/Authorization | n to Transact Business |
| Amen | dment | |
| Change | ge of Agent | |
| ☐ Reinst | tatement | |
| ☐ Conve | ersion | |
| ☐ Merge | er | |
| ☐ Dissol | lution/Withdrawal | |
| ☐ Fictitio | ous Name | |
| Other | | |
| | | |
| Authorized A | mount: \$35,00 | |



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

| Date: _ | 05/15/2023 | |
|----------|--------------------------------------|-------------------------|
| Name: | Chris Vick | |
| Refere | nce #: 1970706 | |
| Entity N | Name: VH PRO | IDER GROUP, P.A. |
| | | |
| | Articles of Incorporation/Authorizat | on to Transact Business |
| | Amendment | |
| Y | Change of Agent | |
| | Reinstatement | |
| | Conversion | |
| | Merger | |
| | Dissolution/Withdrawal | |
| | Fictitious Name | |
| | Other | |
| | | |
| Authori | ized Amount: \$35.00 | |

F: 800.944,6607

F: +852.2682.9790

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

| 1. The name of the corporation | • | VH PROVIDER GROUP, P.A. | | |
|--|---|---|--|--|
| 2. The principal office address: | 1150 F | REVOLUTION MILL DR S | TE 6 | |
| | GREENSBORO, | | | |
| 3. The mailing address (if diffe | rent): | | | |
| Date of incorporation/qualification: 9/22/2021 Document number: P | | P21000083133 | | |
| 5. The name and street address Florida Department of State: | of the current registered age | ent and registered office or | | |
| | CORPORATION SERV | ICE COMPANY | · | |
| | 1201 HAYS | SST | | |
| TALLAHASSEE, FL 32301 | | | | |
| 6. The name and street address (if changed): | of the new registered agent | (if changed) and /or regist | 2023 HA SECRE TALLAR | |
| | Cogency Glob | oal Inc. | | |
| | 115 North Calhoun S | Street, Suite 4 | —— 17 A 17 | |
| | PO Box 3 | PO Box NOT acceptable Tallahassee, Florida 32301 | | |
| | | | : · | |
| The street address of its regist as changed will be identical. | ered office and the street ac | ddress of the business offi | ice of its registered agent. | |
| Such change was authorized be authorized by the board, or the | y resolution duly adopted le corporation has been noti | by its board of directors o fied in writing of the char | r by an officer so age. | |
| (U/ | | | Daniel Bensimhon, Chief Executive Officer | |
| Signature of an officer or di | | Printed or typed na | | |
| I hereby accept the appointme I further agree to comply with of my duties, and I am familia document is being filed merely corporation has been notified | the provisions of all statut r with and accept the oblig r to reflect a change in the | agree to act in this capac es relative to the proper c ation of my position as re registered office address, | ity. md complete performance esistered agent. Or, if this I hereby confirm that the | |
| /s/ Timothy Mayville | | 5/14/2 | 2023 | |
| | Agent | Date | | |