Division of Corporations Electronic Filing Cover Sheet

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(((H23000377204 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number

: (813)436-5206

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

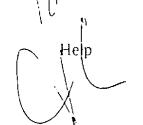
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REGISTERED AGENT CHANGE WELLNITE MEDICAL GROUP, P.A.

Certificate of Status	0
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Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu



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

statement of cha	provisions of sections 607,0502, 61 ange is submitted for a corporation or to change its registered office or r	organized under the laws of the	State of Florida	_
	the corporation: WELLNITE MEDICA	•	: Suite ty 1 tortua.	
	office address:			_
2. The principal	omec address.			_
3. The mailing a	address (if different):			_
4. Date of incoη	poration/qualification: 02/07/2022	Document number:	P22000008392	
	I street address of the current register tment of State: (If resigned, enter re		on file with the	
	CORPORATION SERVICE COMPAI	٧Y		
	1201 HAYS ST			
	TALLAHASSEE, FL 32301			
6. The name and (if changed):	i street address of the new registered	l agent (if changed) and /or reg	2023 OCT 30 AM IO: 0	
	Registered Agents Inc		13C 13C	موجد داری
	7901 4th St N STE 300		AM LUT VSSE	T
		O, Box NOT acceptable		j
	St. Petersburg FL 33702			
The street address changed will	ess of its registered office and the s be identical.	treet address of the business of	office of its registered age	nt,
Such change wa authorized by th	as authorized by resolution duly ad ne board, or the corporation has been	opted by its board of director in notified in writing of the cl	s or by an officer so hange.	
4	Com Holandi	Amy Halanski, Presiden	t	
	re in an officer of director	Printed or type	d name and title	
l further agrée (of my duties, an document is bei	the appointment as registered age to comply with the provisions of al- d I am familiar with and accept th ing filed merely to reflect a change s been notified in writing of this cha	l statutes relative to the prope e obligation of my position as in the registèred office addre	r and complete performa revistered agent. Or. if t	nce his he
DavidX	Poerts	10/30/2023		
	naline of Registered Agent	Dı	nic	-
It signing on be	half of an entity:			
David Roberts				
T	yped or Printed Name			