

To:

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2023-10-09 01:19:45 CDT

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From: Lindsay Gates

P22 000066 480

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)517-6380

From:

Account Name : SPI AGENT SOLUTIONS, INC.  
Account Number : I20230000143  
Phone : (888)314-3998  
Fax Number : (518)514-1288

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

Email Address: \_\_\_\_\_

REGISTERED AGENT CHANGE  
SYRA HEALTH CORP.

Certificate of Status	0
Certified Copy	0
Page Count	02
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DIVISION OF CORPORATIONS  
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Handwritten signature

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SYRA HEALTH CORP.  
Name of Corporation

**DOCUMENT NUMBER:** P22000066480

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:

Joe DiGaetano

Name of Contact Person

SPI Agent Solutions

Firm/Company

524 S. 2nd Street Suite 505

Address

Springfield IL 62701

City State and Zip Code

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

For further information concerning this matter, please call:

Joe DiGaetano

Name of Contact Person

at (512

) 309-1153

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

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TALLAHASSEE, FL

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

1. The name of the corporation: SYRA HEALTH CORP.
2. The principal office address: 1119 KEYSTONE WAY N #201  
CARMEL, IN 46032
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 08/23/2022 Document number: P22000066480
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)  
UNIVERSAL REGISTERED AGENTS, INC.  
1317 CALIFORNIA STREET  
TALLAHASSEE, FL 32304
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
SPI Agent Solutions, Inc.  
1540 Glenway Dr  
Tallahassee FL 32301  
P.O. Box NOT acceptable

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/ Priya Prasad

Signature of an officer or director

Priya Prasad

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.*



Signature of Registered Agent

10/8/2023

Date

If signing on behalf of an entity:

Lindsay Gates President SPI Agent Solutions, Inc.

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)

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