Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000352981-3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

т	_	٠	
,	u	-	

Division of Corporations

Fax Number : (850)517-6380

From:

Account Name : SPI AGENT SOLUTIONS, INC.

Account Number : I20230000143 Phone : (888)314-3998 : (518)514-1288 Fax Number

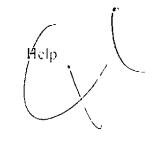
\*\*Enter the email address for this business entity to be used for future  $\frac{1}{2}$ annual report mailings. Enter only one email address please.\*\*

Email :	Address:								
---------	----------	--	--	--	--	--	--	--	--

## REGISTERED AGENT CHANGE SYRA HEALTH CORP.

Certificate of Statu	5
Certified Copy	
Page Count	
Estimated Charge	

Electronic Filing Menu — Corporate Filing Menu



02 \$35.00 From: Lindsay Gates

Ťo:

## COVER LETTER

TO: Amendment Section Division of Corporations					
SUBJECT: SYRA HEALTH CORP. Name of Corporation					
DOCUMENT NUMBER: P22000066480					
The enclosed Statement of Change of Reg	istered Office/Agent and fe	e are submitted for f	īling.		
Please return all correspondence concerning	ng this matter to the followi	ng:			
Joe DiGaetano					
Name of Contact Person	<del></del>			202	
SPI Agent Solutions			;-	2023 OCT -9	ر. <del>بر</del>
Firm/Company			r	C	==== 7 N
524 S. 2nd Street Suite 505				-9	دعود ار
Address			in-	T29	
Springfield IL 62701			<u>.                                    </u>	=	-
City State and Zip Code			TALLAHOSSI ATA	9 AM 9:24	· Control
E-mail address: (to be used for future (	annual report notification	)	·	ţ	
For further information concerning this ma	atter, please call;				
Joe DiGaetano	at (512	) 309-1153 ode & Daytime Telep			
Name of Contact Person	Area Co	ode & Daytime Telep	phone Nu	nber	

Enclosed is a \$35,00 cheek 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 Tallahussee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2FI45 (04/13)

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

statement of cha	nge is submitted for a corporation or	)502, 607,1508, or 617,1508, Florida St ganized under the laws of the State of <mark>F</mark> 1 fistered agent, or both, in the State of F1	lorida
1. The name of t	he corporation: SYRA HEALTH COR	Ρ,	
2. The principal CARMEL, IN 46	office address: 1119 KEYSTONE WA	Y N #201	
3. The mailing a	ddress (if different):		
4. Date of incorp	noration/qualification: 08.23/2022	Document number: P22000066	년80
	I street address of the current registere timent of State: (If resigned, enter resigned)	d agent and registered office on file with gned)	h the
	UNIVERSAL REGISTERED AGENT	S. INC.	
	1317 CALIFORNIA STREFT		
	TALLAHASSEE, FL 32304		2023 O
6. The name and (if changed):	I street address of the new registered a	gent (if changed) and for registered office	<u> </u>
	SPI Agent Solutions, Inc.		# H
	1540 Glenway Dr		9: 2!
	Tallahassee FL 32301	flox NOT acceptable	
The street addre as changed will	ess of its registered office and the stre be identical.	eet address of the business office of its	registered agent,
Such change wa authorized by tl	is authorized by resolution duly adop the board, or the corporation has been	ned by its bould of directors or by an o notified in writing of the change.	officer so
/s/ Priya		Priya Prasad	
I hereby accept I further agree to of my duties, an document is bei	d I am familiar with and accept the o	talutes relative to the proper and comp phligation of my position as registered , the registered office address, I hereby	plete performance agent. Or, if this
Soundo	na Gold	10/8/2023	
Sig	name of Registered Agent	Date	
If signing on be	half of an entity:		
	esident SPI Agent Solutions, Inc.		
T;	sped or Printed Name  * * * FILING	FEE: \$35.00 * * *	