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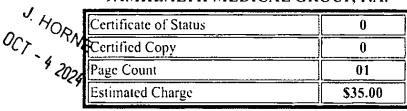
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Doing so will generate another cover sheet.						
To:						
	Division of Corporations					
	Fax Number : (850)617-6380	1				
		4.5				
From:		: <u>: :::1</u>				
	Account Name : REGISTERED AGENT SOLUTIONS INC	: -				
	Account Number : I20100000062	، <u>- آ</u>				
	Phone : (888)705-7274					
	Fax Number : (888)706-7274	; <u>-</u> -				
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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.

Email Address:__

REGISTERED AGENT CHANGE 9AMHEALTH MEDICAL GROUP, P.A.



Electronic Filing Menu Corporate Filing Menu

Help



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COVER LETTER

TO:

Amendment Section Division of Corporations

9AMHEALTH MEDICAL GROUP, P.A.

Name of Corporation

DOCUMENT NUMBER: P23000008534

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:

Alicia Richards
me of Contact Person
gistered Agent Solutions, Inc.
m/Company
rporate Center One, 5301 Southwest Pkwy, Ste 400
dress
stin. Texas 78735
y/State and Zip Code
mail address: (to be used for future annual report notification)
further information concerning this matter, please call:
Alicia Richards at (888) 705-7274
Name of Contact Person 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

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.050. inge is submitted for a corpora ir to change its registered office	tion organized unde	r the la	ws of the State o	<u>f Florida</u>			
1. The name of	the corporation: 9AMHEA	ALTH MED	CAI	_ GROUP	P. P.A.			
2. The principal	office address: 914 N Co							
3. The mailing a	ddress (if different):							
4. Date of incorp	poration/qualification: 2/2/2	2023 _{Doc}	ument	number: P23	000008534			
5. The name and	I street address of the current ro tment of State: (If resigned, en	egistered agent and i	egister	ed office on file	with the			
	COGENCY G	LOBAL II	NC.	ı				
	115 NORTH CALHOUN STREET, SUITE 4							
	TALLAHASSEE	 .	FL	32301				
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Registered Agent Solutions, Inc. 2894 Remington Green Ln. Ste. A P.O. Box NOT acceptable Tallahassee FL 32308								
	2894 Remington Green Ln. Ste. A							
	Tallahassee	P.O. Box NOT accept	323	08				
The street addre	ess of its registered office and be identical.	the street address o	f the bu	usiness office of	its registered agent.			
_	as authorized by resolution dule board, or the corporation ha							
Isl Jonah	Mink	J <u>ona</u> ł		_	President			
I hereby accept I further agree t of my duties, an document is bei	the appointment as registered the appointment as registered to comply with the provisions of I am familiar with and accept filed merely to reflect a challe been notified in writing of the	agent and agree to of all statutes relation of the obligation of inge in the register schange.		ted or typed name and this capacity, he proper and co sition as register ce address, I her				
Ма	مع مع الله من المعاملة	10/0	3/20	024				
Sign	nature of Registered Agent			Date				
If signing on be	half of an entity;							
	r, Assistant Secretary							
Ty	sped or Printed Name							
	* * * F]	LING 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)