

P24 000006186

Florida Department of State
Division of Corporations
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To:

Division of Corporations
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**REGISTERED AGENT CHANGE
TOTAL ACCESS HEALTH, INC.**

Certificate of Status	0
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Page Count	03
Estimated Charge	\$35.00

2024 JUL 23 AM 11:50

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TOTAL ACCESS HEALTH, INC.
Name of Corporation

DOCUMENT NUMBER: P24000006186

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:

Erika Easter

Name of Contact Person

eMinutes

Firm/Company

1 Rockefeller Plaza Suite 1204

Address

New York, NY 10020

City/State and Zip Code

eteam@eminutes.com

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

For further information concerning this matter, please call:

Erika Easter

Name of Contact Person

at (310) 820-1000

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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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: TOTAL ACCESS HEALTH, INC.
 2. The principal office address: 919 FOURTH STREET Miami Beach, FL 33129

3. The mailing address (if different): 900 Circle 75 Parkway Suite 1430 Atlanta, GA 30339
 4. Date of incorporation/qualification: 01/25/2024 Document number: P24000006186
 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)

PBYA CORPORATE SERVICES, LLC

200 S. ANDREWS AVENUE SUITE 600

FORT LAUDERDALE, FL 33301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

eResidentAgent, Inc.

115 N Calhoun St Suite 4

P.O. Box NOT acceptable

Tallahassee, FL 32301

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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/ Theodore R Lucas

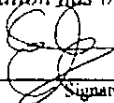
Signature of an officer or director

Theodore R Lucas

President

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

04/22/2024

Date

If signing on behalf of an entity:

Erika Easter

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)