

P24 0000 10429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

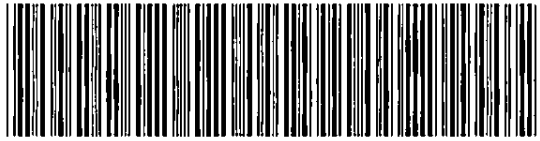
(Business Entity Name)

(Document Number)

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MONTGOMERY AL 36103

# COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: PASSAGE HEALTH INTERNATIONAL HOLDINGS, INC.  
Name of Corporation

DOCUMENT NUMBER: P24000010429

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:

DIXAN GONZALEZ

Name of Contact Person

PASSAGE HEALTH INTERNATIONAL

Firm/Company

5900 N ANDREWS AVE. STE. 802

Address

FORT LAUDERDALE FL 33309

City/State and Zip Code

DGONZALEZ@PASSAGEHI.COM

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

For further information concerning this matter, please call:

DIXAN GONZALEZ

Name of Contact Person

at ( 305 ) 335-1093

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

**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: PASSAGE HEALTH INTERNATIONAL HOLDINGS, INC.  
2. The principal office address: 5900 N ANDREWS AVE. STE. 802 FORT LAUDERDALE FL 33309

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 02/08/2024 Document number: P24000010429

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)  
MATZNER, GARY  
2800 PONCE DE LEON BLVD. STE. 1100 CORAL GABLES, FL 33134

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
DIXAN GONZALEZ  
5900 N ANDREWS AVE. STE. 802  
P.O. Box NOT acceptable  
FORT LAUDERDALE FLORIDA 33309

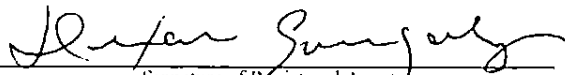
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STATE DEPT OF STATE  
CORPORATION SERVICES

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.

 Signature of an officer or director  
DIXAN GONZALEZ 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  
DIXAN GONZALEZ Date

If signing on behalf of an entity:  
\_\_\_\_\_  
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)