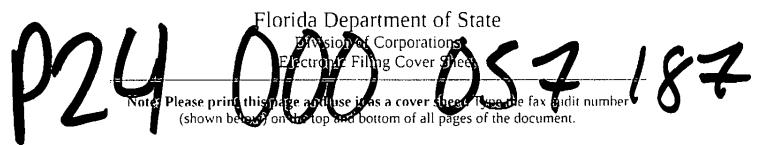
1*/29/2024,05:41:36 PST To: 18506176380 Page: 1/2 Fax: 8134365206



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

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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 EZ HEALTH MEDICAL GROUP PA

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

11/29/2024 05.41:36 PST To: 18506176380 Page. 2/2 Fax: 8134365206

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 tatement 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.
. The name of the corporation: EZ Health Medical Group PA
. The principal office address: 1791 NE 123RD STREET STE 314 NORTH MIAMI FL 33181
. The mailing address (if different): 1791 NE 123RD STREET STE 314 NORTH MIAMI FL 33181
. Date of incorporation/qualification: 09/04/2024 Document number: P24000057187
. 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)
MORRISON. CHRISTOPHER A
6303 BLUE LAGOON DRIVE SUITE 400
MIAMI, FL 33126
. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Northwest Registered Agent LLC
7901 4th St N STE 300
P.O. Box NOT acceptable St. Petersburg FL 33702
The street address of its registered office and the street address of the business office of its registered ages changed will be identical.
uch change was authorized by resolution duly adopted by its board of directors or by an officer so uthorized by the board, or the corporation has been notified in writing of the change.
Christopher Morrison Christopher Morrison - President Printed or typed name and title
hereby accept the appointment as registered agent and agree to act in this capacity, further agree to comply with the provisions of all statutes relative to the proper and complete performal f my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if to ocument is being filed merely to reflect a change in the registered office address. I hereby confirm that to orporation has been notified in writing of this change.
T-N- 11/29/2024
Signature of Registered Agent Date
f signing on behalf of an entity:
Taylor Newman
Typod or Printed Name * * * FILING FEE: \$35.00 * * *

Make checks payable to Florida Department of State Mail 10: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)