(R€	equestor's Name)				
(Address)					
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Nar	me)			
(Document Number)					
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Date: November	12, 2021	Account#: 12000000008		
Name: David SI				
Reference #:	1522603			
Entity Name:	AKRA PROFESSI	ONAL SERVICES, INC.		
Articles of Incorpo	ration/Authorization to	Transact Business		
Amendment				
Change of Agent)	ISSUES? CALL		
Reinstatement		David:		
Conversion		850-270-0082		
Merger				
☐ Dissolution/Withdr	rawal			
☐ Fictitious Name				
Other				
Authorized Amount:	\$35.00			
Signature:	David Shulman			

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

statement of cha	provisions of sections 607.05 nge is submitted for a corpor r to change its registered offi	ration organized	l under the law	ss of the State	of Florida
1. The name of the corporation: AKRA PROFESSIONAL SERVICES, INC					
	office address:				
3. The mailing address (if different):			No Change		
4. Date of incorp	poration/qualification:1	2/17/1999	Document r	number:	P99000109085
	I street address of the current timent of State: (If resigned, c		t and registere	d office on fi	le with the
	R	REZLEGAL, I	LC		
	816 A	 \1A North, S	uite 204		
	Ponte Vedra Beach	Florida		32082	
6. The name and (if changed):	I street address of the new reg	gistered agent (i	_	l /or registere	d office
115 North Calhoun Street, Suite 4					
		P.O. Box NOT acceptable			— E. S. J.
	Tallahasse	e	Florida	32301	_ 75
The street address changed will	ess of its registered office an be identical.	d the street add	ress of the bus	siness office	of its registered agent,
Such change wa authorized by th	as authorized by resolution d ne board, or the corporation l	uly adopted by has been notific	its board of ded in writing o	irectors or by f the change.	an officer so
/s/ Louis Akra	·	_	Louis Akra	a, M.D	President
I hereby accept I further agree to performance of game Or if the	te of an officer of director the appointment as registere to comply with the provision my duties, and I am familiar is document is being filed me that the corporation has bee	s of all statutes with and acce	gree to act in to relative to the pt the obligation of the property	e proper and on of my pos e registered	complete ition as registered
/s/ Michael Carlisle			11/11/2021		
Sig	nature of Registered Agent			Date	
If signing on be	half of an entity:				
Michael Ca	rlisle, Assistant Secreta	ry			
T	yped or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *