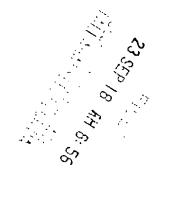
## P31832

(Requestor's Name)	
(Address)	
(Address)	<del></del>
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of \$	Status
Special Instructions to Filing Officer:	LUI 1 U 21 23
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Office Use Only	



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September 13th, 2023

BY USPS

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: Statement of Change of Registered Agent Hamilton Medical, Inc.

Dear Sir/Madam:

Please find the Statement of Change of Registered Agent as well as a check in the amount of \$35.00.

Once filed please return a copy of the filed form by mail to 36 Long Alley Saratoga Springs, NY 12866 or by email to <a href="mailto-sosfilings@3hcs.com">sosfilings@3hcs.com</a>.

Please reach out to us by phone at 518-583-0639 or by email at <a href="mailto:kennedy@3hcs.com">kennedy@3hcs.com</a> with any questions.

Best regards,

Keyin Kennedy

Corporate Compliance Manager

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

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Flor hange is submitted for a corporation organized under the laws of the State der to change its registered office or registered agent, or both, in the State	of Nevada
1. The name of t	of the corporation: HAMILTON MEDICAL, INC.	
	al office address: 4655 AIRCENTER CIRCLE RENO, NV 89502	
3. The mailing a	address (if different):	
4. Date of incom	prporation/qualification: 11/14/1990 Document number: P318	32
	and street address of the current registered agent and registered office on file partment of State: (If resigned, enter resigned)	e with the
	CT CORPORATION SYSTEM	
	1200 SOUTH PINE ISLAND ROAD	_ ~.
	PLANTATION, FL 33324	23 \$
6. The name and (if changed):	and street address of the new registered agent (if changed) and /or registere	23 SEP 18 AM 8: 57
	3H Agent Services, Inc.	
	1415 Panther Lane. Suite 327	90
	P.O. Box NOT acceptable Naples, FL 34109	— 1.     37 —
The street address changed will	dress of its registered office and the street address of the business office ill be identical.	of its registered agent,
Such change wa authorized by th	was authorized by resolution duly adopted by its board of directors or by the board, or the corporation has been notified in writing of the change	
Signatu	ature of an oliker or director Printed or typed name	and title
I hereby accept I further agree of my duties, an document is bei corporation has	pt the appointment as registered agent and agree to act in this capacity to to comply with the provisions of all statutes relative to the proper and and I am familiar with and accept the obligation of my position as regis being filed merely to reflect a change in the registered office address, I has been notified in writing of this change.	complete performance tered agent. Or, if this nereby confirm that the
Mul Sig	My Math Signature of Registered Agent Date	
If signing on be	behalf of an entity:	
Elizabeth Harker	ker President of 3H Agent Services, Inc	
ī	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