



**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Providers Health Alliance, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cheryl Anders  
Name of Person

Think Big Health Care Solutions, LLC  
Firm/Company

11924 Forest Hill Blvd Ste 10A-413  
Address

Wellington, Florida 33414  
City/State and Zip Code

cheryl.anders@thinkbighcs.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheryl Anders at ( 561 ) 758-3360  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: Providers Health Alliance

2. (a) c/o Bella Vida Family Practice, LLC (b) c/o Think Big Health Care Solutions LLC  
 Principal office address of limited liability company: Mailing address of limited liability company:  
 (*Note: MUST BE STREET ADDRESS*) (*Note: MAY BE POST OFFICE BOX*)  
11327 Okeechobee Blvd #2&3 11927 Forest Hill Blvd Ste 10A-413  
Royal Palm Beach, Florida 33411 Wellington, Florida 33414

3. 05/21/2018 Date of filing/registration in Florida 4. L15000013085 Document number

5. (a) Nancy Brown  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
c/o Think Big Health Care Solutions, LLC  
 Registered Office Address (*MUST BE FLORIDA STREET ADDRESS*)  
11924 Forest Hill Blvd Ste 10A-413  
Wellington, FL 33414

(b) Cheryl Anders  
 Enter name of NEW Registered Agent and/or NEW Registered Office address:  
c/o Think Big Health Care Solutions, LLC  
NEW Registered Office Address:  
11924 Forest Hill Blvd Ste 10A-413  
Wellington, FL 33414

FILED  
 2019 AUG 23 AM 9:00  
 STATE OF FLORIDA  
 TALLAHASSEE

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Dachniak DNP APRN  
 Signature of a member or authorized representative of a member

Tina Dachniak  
 Printed or typed name of signee

*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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

[Signature]  
 Signature of Registered Agent