

L15000181494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

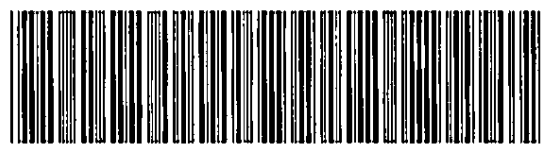
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OLSON Healthcare 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:

ANTHONY P. OLSON
Name of Person

OLSON Healthcare LLC
Firm/Company

324 N Dale Mabry Hwy
Suite 302 Address
TAMPA, FL 33609
City/State and Zip Code

ANTHONY.OLSON@BRIGHTSTARCARE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANTHONY OLSON at (813 414) 870-6700 opt. 1
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: OLSON HEALTHCARE LLC

2. (a) OLSON HEALTHCARE LLC (b) SAME
 Principal office address of limited liability company: Mailing address of limited liability company:
 (Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

324 N. Dale Mabry Hwy SAME
Suite 302
TAMPA, FL 33609
OCT 26, 2015 L 15000181494

3. Date of filing/registration in Florida 4. Document number

5. (a) EPGD BUSINESS LAW, P.A.

~~OLD~~ Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
777 SW 37TH AVE, Ste 510
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
MIAMI
FL. 33135

2019 FEB 25 AM 9:17
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(b) ~~OLSON HEALTHCARE LLC~~ ATTN: ANTHONY OLSON

~~NEW~~ Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
324 N Dale Mabry Hwy
NEW Registered Office Address:
Suite 302
TAMPA FL. 33609

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.

Bruce J. Olson BRUCE J. OLSON
 Signature of a member or authorized representative of a member 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.

ANTHONY P. OLSON
 Signature of Registered Agent