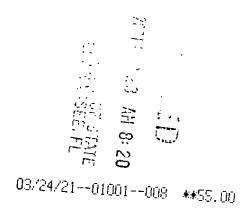
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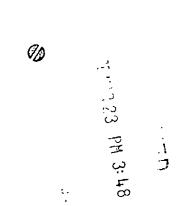
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(Business Entity Name)
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INC.

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

		WALK IN
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æ	CERTIFIED COPY	
,	РНОТОСОРУ	
	CUS	
xx	FILING	RA CHANGE
1.	Health Testing Ce	nters, LLC
2.	(CORPORATE NAME AND DOCUM	MENT #)
3.	(CORPORATE NAME AND DOCUM	JENT #)
4.	(CORPORATE NAME AND DOCUM	MENT #)
5.	(CORPORATE NAME AND DOCUM	AENT #)
6.	(CORPORATE NAME AND DOCUM	4ENT #)
SPECIAI INSTRU	L CTIONS:	

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	Health Testing Centers, LLC		
3000		Name of Limited L	Liability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered	Office Change and	I fee(s) are submitted for filing.
Please	return all correspondence concerning	g this matter to the	following:
Donna	Sorensen		
-	Name of Person		
DuBois	s, Bryant & Campbell LLP		
	Firm/Company		
303 Co	lorado St, Ste 2300		
	Address		
Austin.	TX 78701		
	City/State and Zip Cod	le	
kristina	@onecare.com		
E	-mail address: (to be used for future	annual report notif	ication)
For fur	ther information concerning this mat	ter, please call:	
Donna	Sorensen	512 at (457-8000
	Name of Person		Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the follow	ing amount:	
	□ \$25 Filing Fee	1 \$:	55 Filing Fee & Certified Copy

STATEMENT OF CHANCE OF DECISTEDED OFFICE OR REGISTERED AGENT OR BOTH FOR DOCUSION Envelope ID: E6258230-2826-4C01-98FD-F93F95AD1028 LINILED & ABILITY 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.

(a)			o)	
				Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
				42nd Street, Suite 400
	Seattle, WA 98105		Seattle, W	VA 98105
	10/17/2016		L16000191	085
	Date of filing/registration in Florida	4.		Document number
(2)	Michael P. Hamaway, Esq.			
(b) _	Registered Agent and Registered Office shown on the recor	rds of the Florida	Dept. of Sta	 ite:
	Mombach Boyle Hardin Simmons, P.A.			
	Registered Office Address (MUST BE FLORIDA STR 100 NE Third Ave Ste 1000			
	Fort Lauderdale	33301		<u>:</u>
	Registered Agent Solutions, Inc.			
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			AH 8: 20 SEE, FL
	NEW Registered Office Address:			
	155 Office Plaza Dr.Suite A			_
	Tallahassee	_, FL		
inge ent w s/we	mited liability company is not organized under the or changes are made, the Florida street address of all be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the members of organization or the operating agreement of the CA	If the registered ed liability copers of the lim of the limited I	ed office ar mpany, it i ited liabili iability cor	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided impany.
SI.	ac Tish	Bill -	Fish, Manaş	-
प्रार्थरी	the of a fifthber or authorized representative of a member			Printed or typed name of signee

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent