

L17000042966

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

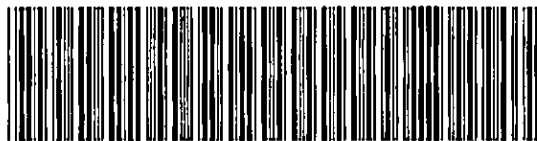
(Business Entity Name)

(Document Number)

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FEB 17 2021
S. YOUNG

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.

Florida Physicians PSN LLC

1. Name of the limited liability company: _____
5730 S.W. 74 St. 5730 S.W. 74 St.

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

Suite 200 Suite 200
Miami, FL 33143 Miami, FL 33143

2/27/2017 L17000042966

3. Date of filing/registration in Florida 4. Document number
Advantage Health Consulting, LLC

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1014 GRANADA BLVD.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
CORAL GABLES 33134
FL

Losey PLLC

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:

1420 Edgewater Dr
NEW Registered Office Address:
Orlando 32804
FL

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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.

George Fernandez

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.

Adam Losey

Signature of Registered Agent