## L17000042966

(Re	questor's Name)	<del></del>
(1)	,	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
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## COVER LETTER

•		€ <sup>y</sup>
TO: Registration Section Division of Corporations		
Florida Physicians PSN	LLC	
SUBJECT:	ana actionical t	.iability Company
INA	ine of Littinea i	лаонну Сонфану
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Of	ffice Change and	d fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to the	following:
Adam Losey		
Name of Person		
Losey PLLC		
Firm/Company		<del></del>
1420 Edgewater DR		
Address		<del></del>
Orlando, FL 32804		
City/State and Zip Code		<del></del>
firm@losey.law		
E-mail address: (to be used for future an	mual report noti	fication)
For further information concerning this matte	r, please call:	
Adam Losey	407	906-1605
	at (	)
Name of Person		Area Code & Daytime Telephone Number
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the followin	g amount:	
☑ \$25 Filing Fee	□ s	555 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 No	Florida ume of the limited liability company:		ns PSN LL	.C			
	5730 S.W. 74 St.		5730	s.w. 74 St.			
(u,	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)  Suite 200	<b>y</b> :	Suite	Mailing address o (Note: MAY B	f limited lia	bility comp	any:
	Miami, FL 33143	<del></del>	Miami.	, FL 33143			
	2/27/2017		L170000	)42966			
3. 5. (a)	Date of filing/registration in Florida Advantage Health Consulting, LLC	4.		Document nu	mber		
J. (a)	Registered Agent and Registered Office shown on the reco 1014 GRANADA BLVD.	rds of the Flo	ida Dept. of St	tate:			
	Registered Office Address (MUST BE FLORIDA STR	REET ADDRI	(\$.\$)	_		2021	-
	CORAL GABLES	3313 _, FL			 -	2021 JAN 11	
(b)	Losey PLLC				 •	- PM	
()	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regi</u>	stered Office	address:	<del></del>		نز	·
	1420 Edgewater Dr				, •	32	
	NEW Registered Office Address:			_			
	Orlando	3280 _, Fl	4	_			
change agent v was/we	imited liability company is not organized under the or changes are made, the Florida street address evill be identical. Or, in the case of a Florida limit are authorized by an affirmative vote of the members of the operating agreement of the operating agreement of the operations.	of the regist ted liability bers of the l of the limite	ered office a company, it imited liabil	and the business is hereby confit lity company or ompany or ompany.	office of that	the registe the chang	ered (e(s)
Signal	nure 1913 The fiber or authorized representative of a member			Printed or typed	name of si	gnec	
provisi the obl to merc	by accept the appointment as registered agent and consof all statutes relative to the proper and compigations of my position as registered agent as property reflect a change in the registered office address in writing of this change.	1		in Institute in I then	Tinnenilli an		
лопунсь	Adam losey	_					
Signatur	re of Registered Agent	_					