

| (Requestor's Name) | | | |
|-----------------------------------------|--|--|--|
| | | | |
| (Address) | | | |
| | | | |
| (Address) | | | |
| (Audiess) | | | |
| | | | |
| (City/State/Zip/Phone #) | | | |
| | | | |
| PICK-UP WAIT MAIL | | | |
| | | | |
| (Business Entity Name) | | | |
| (| | | |
| | | | |
| (Document Number) | | | |
| | | | |
| Certified Copies Certificates of Status | | | |
| | | | |
| Special Instructions to Filing Officer: | | | |
| Special instructions to Filing Officer. | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 1 1 100010 | | | |
| LIMIUS | | | |
| Office Use Only | | | |



04/04/24--01926--002 **1575.00



COVER LETTER

| TO: Registration Section Division of Corporations | • | |
|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Massa Family Planning, LLC SUBJECT: | | |
| | ame 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: | |
| Kylie Conrad & Kayla King | | |
| Name of Person | | |
| Corp1, Inc. | | |
| Firm/Company | | |
| 7700 E Arapahoe Rd Ste 220 | | |
| Address | | |
| Centennial, CO 80112 | | |
| City/State and Zip Cod | <u>-</u> | |
| E-mail address: (to be used for future | nnual report notification) | |
| For further information concerning this mat | er, please call: | |
| Kylie Conrad | 720 823-9273 at () | |
| Name of Person | Area Code & Daytime Telep | hone 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, Se Tallahassee, FL 32303 | |
| Enclosed is a check for the follow | ng amount: | |
| S25 Filing Fee | ☐ \$55 Filing Fee & Certified Copy | |
| INHS18 (2/14) | | |

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.

| !. (a) | 2840 NE 23 Street | (b) 23 | 2840 NE 23 Street |
|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (, | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | Pompano Beach, FL 33062 | | Pompano Beach, FL 33062 |
| | 09/23/2020 | L20 | 20000299498 |
|). 5. (a) | Date of filing/registration in Florida MLG SERVICES, LLC | 4. | Document number |
| . (u) | Registered Agent and Registered Office shown on the records of 7284 W. PALMETTO PARK ROAD | of the Florida Dep | |
| | Registered Office Address <u>(MUST BE FLORIDA STREET)</u> SUITE 101 | SECRETARY | |
| (b) | BOCA RATON , F | FL_33433 | R-4 |
| | Registered Agents Inc | | |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | -4 M 8:51 | |
| | 7901 4th St N | | |
| | NEW Registered Office Address: | <u></u> | |
| | Ste 300 | | |
| | St. Petersburg | L 33702 | |
| change igent v was/w | imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the | ie registered o liability comp- of the limited | office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in |
| | NIEL MASSA | DANIE | EL MASSA |
| l here provisi he ohi o mer | ture of a member or authorized representative of a member by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, I d'in writing of this change. | gree to act in t e performance led for in Chaj I hereby confi | Printed or typed name of signee this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accep- upter 605, F.S. Or, if this document is being filed firm that the limited liability company has been |
| WILL | a in scaing of this charge. | | |