



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H25000095582 3)))



H250000955823ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : COMPUTERSHARE
Account Number : 110432003053
Phone : (561) 694-8107
Fax Number : (561) 214-8442

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

2025 MAR 14 AM 8:46

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT CHANGE
SHINE HEALTHCARE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

2025 MAR 14 AM 9:20

FILED

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: <u>SHINE HEALTHCARE LLC</u>	
2. (a) <u>2848 WATKINS DR</u>	(b) <u>2848 WATKINS DR</u>
Principal office address of limited liability company: (Note: <u>MUST BE STREET ADDRESS</u>)	Mailing address of limited liability company: (Note: <u>MAY BE POST OFFICE BOX</u>)
<u>MELBOURNE, FL 32901</u>	<u>MELBOURNE, FL 32901</u>
<u>06/10/2022</u>	<u>L22000265775</u>
3. Date of filing/registration in Florida	4. Document number
5. (a) <u>LEGALINC CORPORATE SERVICES INC.</u>	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State: <u>476 RIVERSIDE AVE.</u>	
Registered Office Address <u>(MUST BE FLORIDA STREET ADDRESS)</u>	
<u>JACKSONVILLE</u> , FL <u>32202</u>	
(b) <u>Corporate Creations Network Inc.</u>	
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :	
<u>801 US Highway 1</u>	
<u>NEW Registered Office Address:</u>	
<u>North Palm Beach</u> , FL <u>33408</u>	

FILED
2025 MAR 14 AM 9:20
STATE OF FLORIDA
TALLAHASSEE

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.

<u>Estrella Tavaréz</u> Signature of a member or authorized representative of a member	<u>Estrella Tavaréz, Attorney-in-Fact</u> 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.

Estrella Tavaréz Estrella Tavaréz, Special Secretary
Signature of Registered Agent