[redacted]

L22000324462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

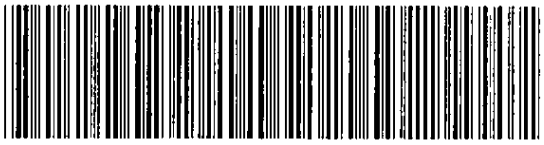
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer: 10102123

wrong form

Office Use Only



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FILED
2023 JUL 10 AM 7:25

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 16, 2023

JUAN MANRIQUE
1104 NE 98TH ST
MIAMI, FL 33138 US

SUBJECT: HEALTH CONNECT UNLIMITED LLC
Ref. Number: L22000324462

We have received your document for and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham
Regulatory Specialist III
Director's Office

Letter Number: 123A00018788

OCT 04 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Health Connect Unlimited LLC
Name 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:

Juan R. Manrique Nelson
Name of Person

Health Connect Unlimited LLC
Firm/Company

11041E 98th ST
Address

Miami, FL 33138
City/State and Zip Code

jrm@healthconnectunlimited.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Juan Manrique at +1 (786) 626-7647
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 following amount:

☑ $25 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.

1. Name of the limited liability company: Health Connect Unlimited LLC

2. (a) 1104 NE 98th ST
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Miami Shores

(b) 1104 NE 98th ST
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

Miami Shores

3. July 21st 2022
Date of filing/registration in Florida

4. L22000324462
Document number

5. (a) United States Corporation Agents, Inc
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5755 Semoran Blvd, Suite 36
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

Orlando, FL 32822

(b) Juan Manrique Nelson
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

1104 NE 98th ST
NEW Registered Office Address:

Miami Shores, FL 33138

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.

Signature of ~~a member~~ or authorized representative of a member

Juan Manrique Nelson
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.

Signature of Registered Agent

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

INHS18 (2/14)