

L23 0000 697 S9

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

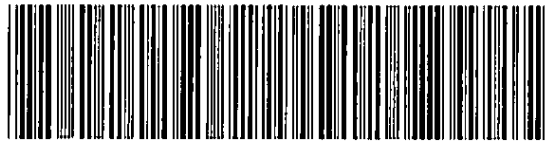
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/13/24--01019--013 **25.00

2024 FEB 13 AM 11:00
RECEIVED
FEB 13 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Centene Victims' Justice & Compensation Network 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:

Jeffrey Rosen
Name of Person

The Centene Victims' Justice & Compensation Network LLC
Firm/Company

4800 N Federal Highway Suite 200
Address

Boca Raton, FL 33431
City/State and Zip Code

dr.rosen1@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey Rosen at (424) 844-6681
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

2021 FEB 13 AM 11:00
OFFICE OF THE CLERK
STATE OF FLORIDA

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: The Centenc Victims' Justice & Compensation Network LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
4800 N Federal Highway, Suite 200
Boca Raton, FL 33431

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
4800 N Federal Highway, Suite 200
Boca Raton, FL 33431

3. February 7, 2023 Date of filing/registration in Florida

4. L23000069759 Document number

5. (a) Zenbusiness Inc.
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

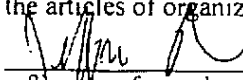
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
336 E College Ave, Suite 301
Tallahassee, FL 32301

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

Jeffrey Rosen
NEW Registered Office Address:
4800 N Federal Highway, Suite B200
Boca Raton, FL 33431


2024 FEB 13 AM 11:00
 FILED
 TALLAHASSEE, FL
 STATE OF FLORIDA
 DEPARTMENT OF STATE

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

Jeffrey Rosen 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