

MA2100008636

Florida Department of State
Division of Corporations
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To:Division of Corporations
Fax Number : (850) 617-6382

From:Account Name : C T CORPORATION SYSTEM
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LLC REGISTERED AGENT CHANGE
PLANET HEALTHCARE LLC

Certificate of Status	0
Certified Copy	1
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OCT 26 2022

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: Planet Healthcare LLC

2. (a) 800 Hillgrove Avenue Suite 201
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
Western Springs, IL 60558

(b) 800 Hillgrove Avenue Suite 201
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
Western Springs, IL 60558

3. 7/7/2021
Date of filing/registration in Florida

4. M21000008636
Document number

5. (a) Registered Agents Inc
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
7901 4th St N Ste 300
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
St Petersburg, FL 33702

(b) C T Corporation System
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
1200 South Pine Island Road
NEW Registered Office Address:
Plantation, FL 33324

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.

/s/ Timothy Bauwens
Signature of a member or authorized representative of a member

Timothy Bauwens
Printed or typed name of signer

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.

By: Michele Holden, Asst Sect
Signature of Registered Agent