rrent Mailing Address:		
17 AVENAL DR TZ, FL 33558 US		
I Never 47, 4470770	-	

#### Name and Address of Current Registered Agent:

OGBOKE, KELLI J 5317 AVENAL DR LUTZ, FL 33558 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:	KELLI OGBOKE			01/13/2021
	Electronic Signature of Registered Agent			Date
Authorized P	Person(s) Detail :			
Title	MGR	Title	MGR	
Name	OGBOKE, KELLI J	Name	OGBOKE, CHRIS	
Address	5317 AVENAL DR	Address	5317 AVENAL DR	
City-State-Zip:	LUTZ FL 33558	City-State-Zip:	LUTZ FL 33558	

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KELLI OGBOKE

MANAGER

01/13/2021 Date

Electronic Signature of Signing Authorized Person(s) Detail

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT# L15000113956

Entity Name: THRIVE HEALTH LLC

#### **Current Principal Place of Business:**

5317 AVENAL DR LUTZ, FL 33558

#### Cur

531 LUT

# FEI Number: 47-4470773

## FILED Jan 13, 2021 Secretary of State 6164787855CC

Certificate of Status Desired: No