

FI4000004788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

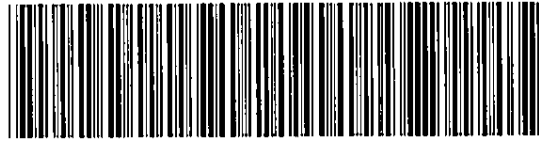
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE

APR 30 2025

Office Use Only



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FILED

2025 APR 29 PM 2:57

RECEIVED

2025 APR 29 AM 11:30

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 04/29/2025

****WALK IN****

ENTITY NAME HEALTHCARE, INC.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$35.00

ACCOUNT #: I20160000072

E & J

Please call Tina at the above number for any issues or concerns. Thank you so much!

TO: Amendment Section
Division of Corporations

DOCUMENT NUMBER: F14000004788

Brian Kim
Name of Contact Person
Harbor Compliance
Firm/Company
1830 Colonial Village Lane
Address
Lancaster FL 17601
City/State and Zip Code

For further information concerning this matter, please call:

Enclosed is a \$35.00 check made payable to the Department of State.

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: HEALTHCARE, INC.
2. The principal office address: 3401 NORTH MIAMI AVENUE STE 205, MIAMI, FL 33127

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/10/2014 Document number: F14000004788

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

PADRON, MAURICIO

3401 NORTH MIAMI AVENUE STE 205, MIAMI, FL 33127

6. The name and street address of the new registered agent (if changed) and /or registered office. (if changed):

Registered Agents Inc

7901 4th St N Ste 300

P.O. Box NOT acceptable

St. Petersburg, FL 33702

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Mauricio Padron

Signature of an officer or director

Mauricio Padron

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

David Roberts

Signature of Registered Agent

02/14/2024

Date

If signing on behalf of an entity:

David Roberts - Assistant Secretary

Typed or Printed Name

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)