8/2/23, 2:11 PM



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

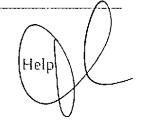
Enter the email address for this business entity to be used for future in annual report mailings. Enter only one email address please.

Email	Address:				

REGISTERED AGENT CHANGE ASPIRE THERAPY SERVICES AND CONSULTANTS, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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8/2/2023 11:1-2.04 PDT。 To: 18506176380 Page: 2/2 From: Registered Agents Inc Fax: 813-4365206

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

statement of cha	nge is submitted for a corpore	ution organized	07,1508, or 617,1508, Florida Statute under the laws of the State of				
in orde	r to change its registered offic	æ or registered	agent, or both, in the State of Florida	I.			
1. The name of t	he corporation: ASPIRE THEF	RAPY SERVICES	S AND CONSULTANTS, INC.				
2. The principal Oakland MD 215	office address: <mark>5000 Thayer Ce</mark> 50	enter STE C					
3. The mailing a	ddress (if different):						
4. Date of incorp	poration/qualification: 10/15/2	1	Document number: F21000006309				
	I street address of the current r tment of State: (If resigned, er		and registered office on file with the				
	C T CORPORATION SYSTEM			- 3			
	1200 SOUTH PINE ISLAND RO	DAD					
	PLANTATION, FL 33324			, ,			
6. The name and (if changed):	street address of the new regi	stered agent (if	changed) and /or registered office	J			
	Northwest Registered Agent LL	.c					
	7901 4th St N STE 300			-			
	**************************************	P.O. Box NO	Facceptable				
	St. Petersburg FL 33702						
The street address changed will	ss of its registered office and be identical.	the street addr	ress of the business office of its regis	stered agent,			
			its board of directors or by an office d in writing of the change.	r so			
Gi	lbert Peraley	Gi	lbert Perales				
			Printed or typed name and the rec to act in this capacity, relative to the proper and complete on of my position as registered agen gistered office address, I hereby con	performance t. Or, if this firm that the			
The Name		08	/02/2023				
Sign	nature of Registered Agent		Date				
f signing on bel	nalf of an entity:						
Taylor Newman							
Ту	ped or Printed Name						

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