



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : FIRST COAST CORPORATE SERVICES
Account Number : I20240000035
Phone : (904)490-0391
Fax Number : (706)310-8269

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

Email Address: _____

RECEIVED

2024 JUL -9 PM 4:56

**REGISTERED AGENT CHANGE
RED ROCK HEALTHCARE, INC.**

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

2024 JUL -9 AM 9:47

FILED

Ad

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RED ROCK HEALTHCARE, INC.
Name of Corporation

DOCUMENT NUMBER: F23000002373

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ashton Villegas

Name of Contact Person

Firm/Company

PO Box 23788

Address

Overland Park, KS 66283

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ashton Villegas

Name of Contact Person

at (855) 236-9172

Area Code & Daytime Telephone Number

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

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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 NV
_____ in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: RED ROCK HEALTHCARE, INC.
2. The principal office address: 1675 E RIVERSIDE DR STE 150, EAGLE, ID 83616

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 04/10/2023 Document number: F23000002373

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)

NATIONAL REGISTERED AGENTS, INC.

1200 S PINE ISLAND RD

PLANTATION, FL 33324

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

Universal Registered Agents, Inc.

1317 California Street

P.O. Box NOT acceptable

Tallahassee, FL 32304

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.

15/ Elliot Mcmillan
Signature of an officer or director

ELLIOT MCMILLAN, Secretary
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.*

[Signature]
Signature of Registered Agent

07/09/2024

Date

If signing on behalf of an entity:

Ashton Villegas

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)