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.

(((H21000291283 3)))



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10: 05 10: 05	Division of Corporations Fax Number : (850)617-6380	:1	<b>N3</b>	
From:	Account Name : REGISTERED AGENT SOLUTIONS INC Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274		2021 AUG -2 AH	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
**Enter	the email address for this business entity to be used for future nual report mailings. Enter only one email address please.**		# 65	

## REGISTERED AGENT CHANGE EGS FINANCIAL CARE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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Electronic Filing Menu

Corporate Filing Menu

Help

INHS18 (2/14)

pg 2 of 3 H21000291283 3

## 

## **COVER LETTER**

O: Registration Section Division of Corporations					
SUBJECT: EGS Financial Care, Inc.					
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Mary Castillo					
Name of Person					
Registered Agent Solutions, Inc.					
Firm/Company					
1701 Directors Blvd, Suite 300					
Address					
Austin, TX 78744					
City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Mary Castillo 888 705-7274					
Name of Person Area Code & Daytime Telephone Num	ber				
STREET/COURIER ADDRESS: MAILING ADDRESS:					
Registration Section Registration Section					
Division of Corporations Division of Corporations					
Clifton Building P.O. Box 6327					
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301					
Enclosed is a check for the following amount:					
□ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy					

## 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.

vame of the finited habitity company.	nancial Care, Inc.
) 5161 CALIFORNIA AVENUE  Principal office address of limited liability compan  (Note: MUST BE STREET ADDRESS)	(b) 5161 CALIFORNIA AVENUE  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
SUITE 100	SUITE 100
IRVINE, CA 92617	IRVINE, CA 92617
4/24/1997	F97000002171
Date of filing/registration in Florida	4. Document number
CORPORATION SERVICE CO	MPANY
Registered Agent and Registered Office shown on the reco	ls of the Florida Dept. of State:
1201 HAYS STREET	
Registered Office Address (MUST BE FLORIDA STR	
TALLAHASSEE	FI 32301
Registered Agent Solutions, In	-2 -2 -2 -2 -2 -2 -2 -2 -2 -2 -2 -2 -2 -
Enter name of NEW Registered Agent and/or NEW Regi	ered Office address:
155 Office Plaza Dr.	
NEW Registered Office Address:	
Suite A	

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/ Elizabeth (0	Cece) Lan Pan
------------------	---------------

Elizabeth (Cece) Lan Pan President

Signature of a member or authorized representative of a member

Mackenzie Hart, Asst. Secretary

Printed or typed name of signee

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.

Signature of Registered Agent