8/5/22, 3:19 PM

Division of Corporations

Florida Depariment of State Division of Corporations.

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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

Email Address:

22 AUG -5 PH S

REGISTERED AGENT CHANGE HYGEA SOUTH FLORIDA, INC.

022 AUG - 5 PM 4: 4.9

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AND 8 2022

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Ву:

CR2E045 (04/13)

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

statement of cha	nge is submitted for a corporation or	0502, 607,1508, or 617,1508, Florida ganized under the laws of the State of zistered agent, or both, in the State of	Florida	this	_
	the corporation: HYGEA SOUTH FLC	•			
2. The principal	office address: 9959 Pines Blvd Suite	129, Pembroke Pines, FL 33024			<u> </u>
3. The mailing a	ddress (if different): PO Box 251, Sw	ansea MA 02777			_
4. Date of incorp	poration/qualification: 12/20/1988	Document number: K52704			
	I street address of the current registere tment of State: (If resigned, enter resi	ed agent and registered office on file wigned)	ith the		
	Gonzalez, Jessica				
	150 S Pine Island RoadSuite 200				
	Plantation, FL 33324		_		
6. The name and (if changed):	I street address of the new registered a	agent (if changed) and /or registered of	Mice SECTION	2022 AUG	
	C T Corporation System			E	444
	1200 South Pine Island Road		S	5	1
	P.O Plantation, Florida 33324	Box NOT acceptable	1 338 18 40	P# 5:	1
The street addre	ess of its registered office and the str be identical.	eet address of the business office of i	is registe	$\overline{}$	nt,
Such change wa authorized by th	as authorized by resolution duly adopte board, or the corporation has been	pted by its board of directors or by an inotified in writing of the change.	officer s	ю.	
K Brakt	us	Kit Brokhus, President			
<u> </u>	re of an officer or director	Printed or typed name and t	title		_
I further agree to finy duties, an document is hei corporation has	d I am familiar with and accept the ng filed merely to reflect a change in Seen notified in writing of this char	statutes relative to the proper and cot obligation of my position as registere n the registered office address, I here	mplete pe ed agent, by confir	rformar Or, if t m that t	1ce his hc
C T Corporation	/s/ Eric Jensen	8/5/2022			
Sig	nature of Registered Agent	Dale		•	_
If signing on be	half of an entity:				
Eric Jensen					
	yped or Printed Name				
	* * * FILING	FEE: \$35.00 * * *			