CAPITOL SERVICES (01/02) 10/09/2023 04:40:49 PM

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.
Account Number : I20160000048
Phone : (800)345-4647
Fax Number : (800)432-3622

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

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LLC REGISTERED AGENT CHANGE

SEVERE INCIDENT RECOVERY TEAM, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$25.00

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OCT 10 2023

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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.

1. Name of the Limited Liability Company: SEVERE INCIDENT RECOVERY TEAM, LLC

2. (a) 2385 SW 66 TERRACE
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

DAVIE, FL 33317

(b) 2385 SW 66 TERRACE
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

DAVIE, FL 33317

3. 6/1/2007
Date of filing/registration in Florida

4. L07000060897
Document number

5. (a) MANES, MICHAEL BESQ.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

950 S PINE ISLAND RD D, STE A-150
Registered Office Address: *(MUST BE FLORIDA STREET ADDRESS)*

PLANTATION, FL 33324

(b) Capitol Corporate Services, Inc.
Enter name of NEW Registered Agent and/or NEW Registered Office address:

515 East Park Avenue 2nd Fl
NEW Registered Office Address:

Tallahassee, FL 32301

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APPROVED AND FILED

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) 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 this limited liability company.

Signature of a member or authorized representative of a member

Michael Wasp
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

Brian Redacki, Assistant Secretary on behalf of Capitol Corporate Services, Inc.

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: $25.00

DHS818 (2/14)

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