# L09000040972

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only

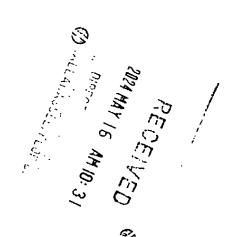


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## Sunshine State Corporate Compliance Company

#### 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 05/16/2024		₩WALK	[N**
ENTITY NAME Beac	con Health Solutions I	LLC	<u>-</u>
DOCUMENT NUMBER	R		
	**PLEASE FILE	THE ATTACHED AND RETURN**	
xxxxxxxx	Plain Copy Certified Copy Certificate of Status		
	**PLEASE OBTAIN THE	YE FOLLOWING FOR THE ABOVE ENTITY**	
	Certified Copy of A Certificate of Good o		
	**APOSTILLE'/	/ NOTARIAL CERTIFICATION**	
COUNTRY OF DESTIN NUMBER OF CERTIFIC			
TOTAL OWED \$35	25 60	ACCOUNT #: 120160000072	
Please call Tina at	the above number fo	for any issues or concerns. Thank you so much!	

#### **COVER LETTER**

TO:

Amendment Section Division of Corporations

BEACON HEALTH SOLUTIONS LI	C
SUBJECT: BEACON HEALTH SOLUTIONS LI Name of Corporation	
DOCUMENT NUMBER: L09000040972	
The enclosed Statement of Change of Registere	ed Office/Agent and fee are submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
Jeff Maronn	
Name of Contact Person	
Harbor Compliance	
Firm/Company	
1830 Colonial Village Lane	
Address	
Lancaster, PA 17601	
City/State and Zip Code	
jmaronn@harborcompliance	.com
E-mail address: (to be used for future annua	l report notification)
For further information concerning this matter,	please call:
Jeff Maronn	at ( 717 ) 940-7566  Area Code & Daytime Telephone Number
Name of Contact Person	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	Street Address: Amendment Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)



May 17, 2024

SUNSHINE STATE

SUBJECT: BEACON HEALTH SOLUTIONS LLC

Ref. Number: L09000040972

CORRECTED
Please Allow For Same File Date

Letter Number: 024A00010857

We have received your document for BEACON HEALTH SOLUTIONS LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s):

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

www.sunbiz.org

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

statement of cha	provisions of sections 607.0502, 617.050 inge is submitted for a corporation organ r to change its registered office or registe	ized under the laws of the State of	Florida	
	the corporation: BEACON HEALTH SOL		1 11/1000.	
2. The principal	office address: 400 N Ashley Drive, Suite	920 Tampa, FL 33602		
3. The mailing a	ddress (if different):		1	
4. Date of incorp	poration/qualification: 04/28/2009	Document number: L09000	040972	
	I street address of the current registered a tment of State: (If resigned, enter resigne		vith the	
	Corporation Service Company			
	1201 Hays Street		_	
	Tallahassee, FL 32301			
6. The name and (if changed):	street address of the new registered ager	nt (if changed) and /or registered of	2024 HAY	
	Registered Agents Inc		Y IE	
	7901 4th St N Ste 300			П
	P.O. Box St. Petersburg. FL 33702	NOT acceptable	AM 9: 46 E. FLURIDI	
The street addre	ss of its registered office and the street be identical.	address of the business office of i		
Such change wa authorized by th	s authorized by resolution duly adopted the board, or the corporation has been no	by its board of directors or by an tified in writing of the change.	officer so	
/8/ He	ather Peterson	Heather Peterson, Manager		
Signatur	e of an officer or director	Printed or typed name and t	title	
I hereby accept I further agree t of my duties, an document is bei- corporation has	the appointment as registered agent an o comply with the provisions of all statt d I am familiar with and accept the obli ny filed merely to reflect a change in th been notified in writing of this change.	d agree to act in this capacity utes relative to the proper and cor igation of my position as registere e registered office address, I here	mplete perfor ed agent. Or, by confirm th	mance if this at the
David Ro	berta	02/14/2024		
Sign	nature of Registered Agent	Date		
If signing on be	half of an entity:			
David R	loberts - Assistant Secretary			
Ty	ped or Printed Name			

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