

LO9000077223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

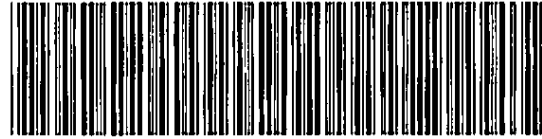
(Business Entity Name)

(Document Number)

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2021 FEB -1 PM 12:18

2021 FEB

OK 3/10/21



A LIMITED LIABILITY PARTNERSHIP

1883 W. Royal Hunte Dr Ste. 200
Cedar City, Utah 84720
Phone 435-586-9366
Fax 435-586-9491

Savannah Smith, Legal Assistant
Savannah@kkoslawyers.com

January 27, 2021

Florida Secretary of State
Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

RE: Change of Registered Agent

Florida Secretary of State

Effective immediately, please file the change of Registered Agent and Registered Office for **EnTrusted Care LLC. (Document # L09000077223)** Attached is a check in the amount of \$25 for any filing fees required.

Notice of the change has been approved by the entity.

If you find the enclosed document acceptable, please note your acknowledgment of receipt on the copy and return it to my office with the enclosed return envelope as noted above.

Thank you for your anticipated attention to this matter.

Very truly yours,

KYLER KOHLER OSTERMILLER & SORENSEN, LLP

Savannah Smith
Paralegal

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EnTrusted Care LLC
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:

Name of Person

Registered Agent Solutions, Inc.
Firm/Company

155 Office Plaza Dr., Suite A
Address

Tallahassee, Florida 32301
City/State and Zip Code

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

For further information concerning this matter, please call:

Savannah Smith at (435) 586-9366
Name of Person Area Code & Daytime Telephone Number

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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.

1. Name of the limited liability company: EnTrusted Care LLC

2. (a) 1883 W. Royal Hunte Dr., Ste. 200A, Cedar City, UT 84720 (b) 1883 W. Royal Hunte Dr., Ste. 200A

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

Cedar City, UT 84720

08/11/2009

L09000077223

3. Date of filing/registration in Florida

4. Document number

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

David B Brunsman

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

405 Kimberly Ct.

Sanford, FL 32771

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Registered Agent Solutions, Inc.

NEW Registered Office Address:

155 Office Plaza Dr., Suite A

Tallahassee, FL 32301

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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 the limited liability company.

David B Brunsman

David Brunsman

Signature of a member or authorized representative of a member

Printed or typed name of signer

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.

David B Brunsman
Signature of Registered Agent