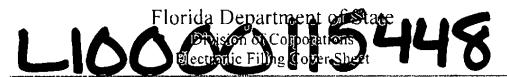
11/5/23, 2:44 PM

Division of Corporations



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.

(((H23000385444 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

, <u>--</u>

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845

: (614)573-3996 Fax Number

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

Email Address:

LLC REGISTERED AGENT CHANGE

MAIN STREET OF PLANTATION PRACTICE MANAGEMENT, LI

Certificate of Status	(/
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

Help

NOV 0 7 2023

<. Brumbley

Ta:

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.

	ame of the limited liability company:			
2. (a)	6240 LAKE OSPREY DRIVE	(D)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability com (Note: MAY BE POST OFFICE Be	
	SARASOTA, FL 34240		ARASOTA, FL 34240	
	11/05/2010	L10	0000115448	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	RUSSELL ALLEN			
• •	Registered Agent and Registered Office shown on the records of 6240 LAKE OSPREY DRIVE Registered Office Address (MUST BE FLORIDA STREET)	···-	pt. of State:	
	SARASOTA , FI	34240	2023	
(b)	C T Corporation System		923 NOU-6	<u> </u>
(0)	Enter name of NEW Registered Agent and/or NEW Registered	l Office addres	- 3	
	NEW Registered Office Address:			,
	1200 South Pine Island Road		37	
	Plantation, FI	33324		
the cha agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members in icles of organization or the operating agreement of the	ws of the Sta f the register ability comp of the limited limited liab	ed office and the business office of the i pany, it is hereby confirmed that the char d liability company or as otherwise provility company.	registered nge(s)
	Kowa lorate		KARA KOROSEC, MANAGER	
_	ature of a member or authorized representative of a member		Printed or typed name of signee	. 4 .
provis the oh to mer	thy accept the appointment as registered agent and agenous of all statutes relative to the proper and complete ligations of my position as registered agent as provide refrect a change in the registered office address, I d'in writing of this change. C T Corporation System	ree to act in performanced for in Cha hereby couft	this capacity. I further agree to comply e of my duties, and I am familiar with a pier 605, F.S. Or, if this document is h irm that the limited liability company ha	with the nd accept eing filed ix heen