

L110000068826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

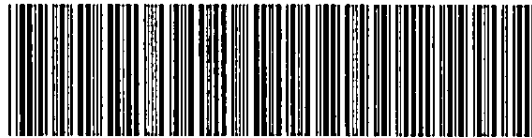
(Document Number)

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CLERK OF COURTS  
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FEB 27 2023

D CUSHING

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Institute of Healthcare Professions, 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:

Danielle Chamberlin  
Name of Person

\_\_\_\_\_  
Firm/Company

9394 Cobblestone Brooke Ct  
Address

Boynton Beach FL 33422  
City/State and Zip Code

KVidal@ichs.edu  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Danielle Chamberlin at (305) 979 4709  
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

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2023 FEB 16 AM 8:25  
SECRETARY OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 31, 2023

KARYN VIDAL  
INSTITUTE OF HEALTHCARE PROFESSIONS LLC  
1325 S CONGRESS AVE., SUITE 201  
BOYNTON BEACH, FL 33426

SUBJECT: INSTITUTE OF HEALTHCARE PROFESSIONS, LLC  
Ref. Number: L11000068826

We have received your document for INSTITUTE OF HEALTHCARE PROFESSIONS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

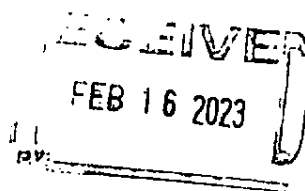
The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 223A00002348



**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: Institute of Healthcare Professions LLC

2. (a) 1325 S Congress Ave Suite 201 (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

Boynton Beach FL 33426

3. 7/2011 4. L 11000068826  
Date of filing/registration in Florida Document number

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

8124 Grand Prix Lane  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Boynton Beach 71A 33472  
\_\_\_\_\_, FL

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

9394 Cobblestone Brooke Court  
**NEW Registered Office Address:**

Boynton Beach, 71 33472  
\_\_\_\_\_, FL

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SECRETARY OF STATE  
TALLAHASSEE, FL

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.

Karyn Vidal  
Signature of a member or authorized representative of a member

Karyn Vidal  
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.*

Danielle Chamberlin  
Signature of Registered Agent