

L11 000 122690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

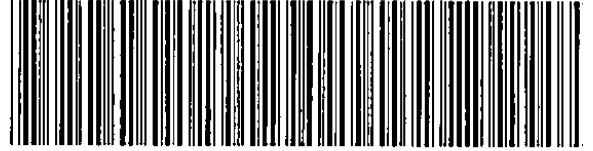
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
APR 30 2024

Office Use Only



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RECEIVED

2024 APR 29 AM 10:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

2024 APR 29 AM 10:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# *Sunshine State Corporate Compliance Company*

*3458 Lakeshore Drive Tallahassee, Florida 32312*

(850) 656-4724

DATE 04/29/2024

**\*\*WALK II**

ENTITY NAME HealthAxis Group, LLC

DOCUMENT NUMBER \_\_\_\_\_

***\*\*PLEASE FILE THE ATTACHED AND RETURN\*\****

XXXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

***\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\****

*Certified Copy of Arts & Amendments*

*Certified Copy of Arts & Amendments Complete File (Including Annual Reports)*

*Certificate of Status*

*Certificate of Status Reflecting:* \_\_\_\_\_

***\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\****

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$ 25.00

ACCOUNT # 120160000072

*Am: c Dal*

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HealthAxis Group, 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:

Jeff Maronn

Name of Person

Harbor Compliance

Firm/Company

1830 Colonial Village Lane

Address

Lancaster, PA 17601

City/State and Zip Code

professional@harborcompliance.com

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

For further information concerning this matter, please call:

Jeff Maronn

717 940-7566  
at ( )

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 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: HealthAxis Group, LLC
2. (a) 400 N Ashley Drive Suite 920  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
Tampa, FL 33602
- (b) 400 N Ashley Drive Suite 920  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
Tampa, FL 33602
3. 10/27/2011 Date of filing/registration in Florida
4. L11000122690 Document number
5. (a) Corporation Service Company  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
1201 Hays Street  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Tallahassee, FL 32301
- (b) Registered Agents Inc  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
NEW Registered Office Address:  
7901 4th St N Ste 300  
St. Petersburg, FL 33702

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.

/s/ Peggy DellOrfano  
Signature of a member or authorized representative of a member

Peggy DellOrfano  
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 Roberts  
Signature of Registered Agent

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