

L14000076026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

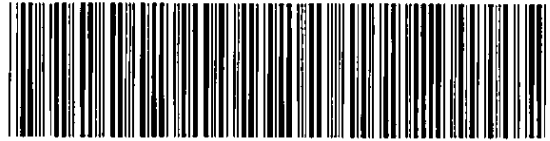
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Wmills

Office Use Only



700416183347

09/25/23--01033--011 **25.00

SEC
SEC
TAX TAIL

2023 SEP 25 AM 9:11

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA HEALTH PRIVILEGE, 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:

SAVARA HASTINGS

Name of Person

Firm/Company

146 OCEAN GARDEN LANE

Address

CAPE CANAVERAL, FLORIDA 32920

City/State and Zip Code

jasonpirozzolo@yahoo.com

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

For further information concerning this matter, please call:

JASON PIROZZOLO

407 803-2407
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

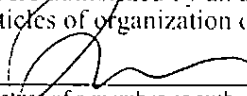
☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED 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: FLORIDA HEALTH PRIVILEGE, LLC
2. (a) 6512 SAND LAKE SOUND RD
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
ORLANDO, FLORIDA 32819
USA
- (b) 6512 SAND LAKE SOUND RD
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
ORLANDO, FLORIDA 32819
USA
3. 05/09/2014 Date of filing/registration in Florida
4. L14000076026 Document number
5. (a) BRET JONES, P.A.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
700 ALMOND STREET
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
CLERMONT, FL 34711
- (b) SAVARA HASTINGS
Enter name of NEW Registered Agent and/or NEW Registered Office address:
146 OCEAN GARDEN LANE
NEW Registered Office Address:
CAPE CANAVERAL, FL 32920

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.




Signature of a member or authorized representative of a member

JASON PIROZZOLO

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.



Signature of Registered Agent

FILED
2023 SEP 25 AM 9:11
CLERK OF COURT
JULIE A. HARRIS