N50000210475

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(Address)

(Address)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADVANTACARE MULTI-SPECIALTY 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:

JOHN MANCUSO
Name of Person

ADVANTACARE MULTI-SPECIALTY GROUP LLC
Firm/Company

697 MAITLAND AVE
Address

ALTAMONTE SPRINGS FL 32701
City/State and Zip Code

AP@ADVANTACAREFLORIDA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KERRIANN FITZPATRICK at (407) 928-1901
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

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0112 and 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement of intent to change its registered office or registered agent or both in the State of Florida.

1 Name of the limited liability company: ADVANTAGEARE MULTI-SPECIALTY GROUP LLC

2 (a) 697 MAITLAND AVE
Principal office address of limited liability company
(Note: MUST BE STREET ADDRESS)
ALTAMONTE SPRING FL 32701

(b) 697 MAITLAND AVE
Mailing address of limited liability company
(Note: MAY BE POST OFFICE BOX)
ALTAMONTE SPRINGS FL 3271

3 12/21/2015
Date of filing registration in Florida

4 L15000210075
Document number

5 (a) MICHAEL E SMITH
Registered Agent and Registered Office shown on the records of the Florida Department of State
[illegible] DOUGLAS AVENUE
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
ALTAMONTE SPRING, FL 32714

(b) CHAD A. BARR, ESQ
Enter name of *NEW Registered Agent* and/or *NEW Registered Office address*
238 ~~232~~ N. WESTMONTE DR
NEW Registered Office Address
STE 200
ALTAMONTE SPRINGS, FL 32714

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 — JOHN MANCUSO, 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 statement 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.

Chad A. Barr 8/18/2021
Signature of Registered Agent

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

INHS 5 2 13

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA