## LIK COO 113043

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(013) 01000 2 p. 11000 2 7,			
PICK-UP WAIT MAI	L		
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Q. SILAS			
MAY 2 3 2022			
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Office Use Only



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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CParsons P Name of Limi	ted Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to	o the following:
Ciral Parsons Name of Person	
CParsons PMIHNP Firm/Company	PELC
1725 Westerly Dru Address	
Brandon FL 33 City/State and Zip Code	511
E-mail address: (to be used for future annual separt	notification)
For further information concerning this matter, please cal	II:
Cindy Parson at ( &	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	S55 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. Na	me of the limited liability company: CParsons, Pr	MHNP, PLLC
2. (a)	<del></del>	1725 westerly Dr.
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Tampa FL	Brandon Fc
	Tampa FL 33606-1710	33511
		1.160-112-112
3.	Date of filing/registration in Florida 4.	L 1 600 113 043  Document number
	<b>5 5</b>	
5. (a)	Registered Agent and Registered Office shown on the records of the Florida	Dept. of State:
	13302 Winding Oak Cour	+
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	_
	Juicte A	SEC TA
	Tampa FL 3	3612
(b)	Civily Parsons	SECRETARY OF STATE TALLAHASSEE, FL
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office add	dress: SSO P M
	1976 Wasterly Days	EST. F.
	NEW Registered Office Address:	
	Brandon Ft	
	A d	<u> </u>
	Brandon, FL 335	311
If the li	mited liability company is not organized under the laws of the S or changes are made, the Florida street address of the registered	State of Florida, it is hereby confirmed that after the ed office and the business office of the registered
agent w	vill be identical. Or, in the case of a Florida limited liability con re authorized by an affirmative vote of the members of the limit	mpany, it is hereby confirmed that the change(s)
the artic	cles of organization or the operating agreement of the limited lia	iability company.
Signat	Clady Farson Cure of a member C	in Dy Parsons Printed or typed name of signee
I herek	by accept the appointment as registered agent and agree to act it is so all statutes relative to the proper and complete performangations of my position as registered agent as provided for in Cliveflect a change in the registered office address, I hereby con	in this capacity. I further goree to comply with the
		infirm that the limited liability company has been
Signatur	e of Registered Agent	
<u> </u>	- /1 -	

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