

L17 00000 46701

(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:

Office Use Only



800387937438

05/27/22--01012--002 \*\*25.00

2022 MAY 27 10:04:11  
CUSHING

Ra Change

AUG 10 2022

CUSHING

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Transformative Healthcare Consulting, 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:

Tara Fasone

Name of Person

Transformative Healthcare Consulting, LLC

Firm/Company

43 Spring Meadows Drive

Address

Ormond Beach, FL 32174

City/State and Zip Code

mrsfasone@yahoo.com

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

For further information concerning this matter, please call:

Tara Fasone

Name of Person

at (386) 597-3202

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: Transformative Healthcare Consulting, LLC
2. (a) 43 Spring Meadows Drive Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
Ormond Beach, FL 32174
- (b) 43 Spring Meadows Drive Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
Ormond Beach, FL 32174

3. 2/28/2017 Date of filing/registration in Florida
4. L17000046701 Document number

5. (a) Russo, Tara A.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

43 Spring Meadows Drive  
Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)

Ormond Beach, FL 32174

- (b) Fasone, Tara A.  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

43 Spring Meadows Drive  
**NEW Registered Office Address:**

Ormond Beach, FL 32174

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.

Tara A. Fasone  
Signature of a member or authorized representative of a member

Tara A. Fasone  
Printed or typed name of signee

*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.*

Tara A. Fasone  
Signature of Registered Agent