

L17000105182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

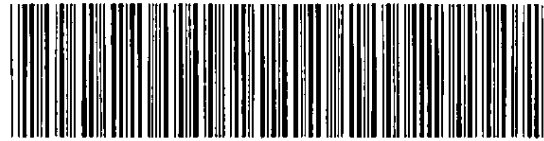
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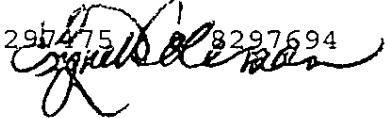
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A. BUTLER

JAN - 5 2023

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 297475 8297694  
AUTHORIZATION :   
COST LIMIT : \$ 25.00

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ORDER DATE : December 29, 2022

ORDER TIME : 2:43 PM

ORDER NO. : 297475-003

CUSTOMER NO: 8297694  
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CHANGE OF AGENT

NAME: GALE HEALTHCARE SOLUTIONS LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: \_\_\_\_\_

**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: GALE HEALTHCARE SOLUTIONS, LLC
2. (a) 3101 W DR MLK JR BLVD.  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
SUITE 200  
TAMPA, FL 33607
- (b) 3101 W DR MLK JR BLVD.  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
SUITE 200  
TAMPA, FL 33607
3. 05/11/2017 Date of filing/registration in Florida
4. L17000105182 Document number
5. (a) INCorp SERVICES, INC.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
17888 67TH COURT NORTH  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
LOXAHATCHEE, FL 33470
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
Corporation Service Company  
NEW Registered Office Address:  
1201 Hays Street  
Tallahassee, FL 32301

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DIVISION OF CORPORATIONS  
STATE OF FLORIDA

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/ Jill Cilmi

Jill Cilmi, Authorized Representative

Signature of a member or authorized representative of a member

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.*

Grace E. Kirby  
Signature of Registered Agent

Grace E. Kirby, Asst. Vice President

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00