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Florida Department of State
Division of Corporations
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To:
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Fax Number : (850)617-6383

From:
Account Name : INCORP SERVICES INC
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2023 MAR 15 AM 10:04

LLC REGISTERED AGENT CHANGE
GALE HEALTHCARE SOLUTIONS, LLC

Certificate of Status	0
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T. LEMIEUX
MAR 16 2023

COVER LETTER

TO: Registration Section
Division of Corporations

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SUBJECT: GALE HEALTHCARE SOLUTIONS, 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:

Georgia Dorsam
Name of Person

InCorp Services, Inc.
Firm/Company

3773 Howard Hughes Pkwy, Suite 500S
Address

Las Vegas, NV 89169-6014
City/State and Zip Code

documents@incorp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Georgia Dorsam for InCorp Services, Inc. at 800-246-2677
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

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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) CORPORATION SERVICE COMPANY
Registered Agent and Registered Office shown on the records of the Florida Dept. of State

1201 Hays Street
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

Tallahassee, FL 32301

(b) InCorp Services, Inc.
Enter name of NEW Registered Agent and/or NEW Registered Office address

3458 Lakeshore Drive
NEW Registered Office Address

Tallahassee, FL 32312

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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

LeAnn Crane
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.

Louise Breytenbach on behalf of InCorp Services, Inc.
Signature of Registered Agent

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