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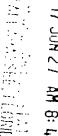
(Requestor's Name)									
(Address)									
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PICK-UP WAIT MAIL									
(Business Entity Name)									
(Oddined Entry Hame)									
(Document Number)									
Certified Copies Certificates of Status									
Special Instructions to Filing Officer:									
Special instructions to 1 ming offices.									

Office Use Only



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S. WARREN JUN 3 0 2017

COVER LETTER

то:	Registration Section Division of Corporations								
SUBJ	TR Health Services LLC								
Name of Limited Liability Company									
Dear S	Sir or Madam:								
The er	nclosed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.						
Please	return all correspondence concerning th	is matter to the	following:						
Luis I	Palacios / Tania Robaina								
	Name of Person								
TR H	ealth Services LLC								
	Firm/Company		_						
34 SI	E 4th Road								
•	Address								
Home	estead ,Fl 33030								
	City/State and Zip Code								
tr.hea	alth@aol.com								
E	E-mail address: (to be used for future and	nual report noti	fication)						
For fu	rther information concerning this matter,	, please call:							
Luis F	Palacios	305 at (5885980						
	Name of Person		Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Re D P.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
	☑ \$25 Filing Fee	□ s	55 Filing Fee & Certified Copy						
INHST	8 (2/14)								

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.

١.	Na	me of the limited liability company: TR Health	Services	LLC	·			
Ì	` /	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	· · ·		Mailing address of l			
		34 SE 4th Road, Homestead, FI 33030				 ,		
		May 22,2017		L170001		No.	***	
3.		Date of filing/registration in Florida	4.		Document num	ber		_
5.	(a)	Luis Palacios / Tania Robaina						
(b)	()	Registered Agent and Registered Office shown on the records	s of the Florid	a Dept. of Stat	e:			
		Registered Office Address (MUST BE FLORIDA STREET	_					
		10-56 SE 4th Rd ,Pioneer Center suite 34	_	1-1	_			
		Homestead	_{FL} 33030					
	(h)	Luis Palacios / Tania Robaina					JUN 27	<u></u>
	` `	Enter name of NEW Registered Agent and/or NEW Registe					4H 8: 4	C) Im
		NEW Registered Office Address:			_	357	٠	
		34 SE 4th Road			_			
		Homestead	FL_33030		<u>.</u> .			
the age was	cha nt v s/we	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited at the member authorized by an affirmative vote of the member cless of organization or the operating agreement of the members.	s of the regi d liability c rs of the lir the limited	stered offic ompany, it i nited liabilit liability cor	e and the busine is hereby confirm ty company or as	ss office ned that the otherwise	of the he cha	registered inge(s)
4	igna	ure of a member or authorized representative of a member		S r alacios	Printed or typed n		nee	
I h pro the to n	-/ eret visi obl nere	by accept the appointment of registered agent and ons of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address I in writing of this change.	agree to ac lete perforn ided for in :, I hereby c	t in this cap tance of my Chapter 60, confirm that	pacity I further i	agree to i	romoli	v with the ind accept eing filed as been
Sig	patu	Tent Registered Agent	D. Don (33	Ta Tallat	El 19214			

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