## L17000 1960 475

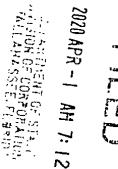
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APR 14 2020 S. YOUNG

## **COVER LETTER**

TO: Registration Section Division of Corporations Healthcare Talent, LLC SUBJECT: ----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: BJ Grau Name of Person Healthcare Talent, LLC Firm/Company 1317 Edgewater Dr #529 Address Orlando FL 32804 City/State and Zip Code bj@htlconnect.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 321 200-5552 BJ Grau at ( Area Code & Daytime Telephone Number Name of Person **Mailing Address:** Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 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

INHS18 (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.

I Ma	Healthcare Talent ame of the limited liability company:	, LLC		
2. (a)	1317 Edgewater Dr #529, Orlando, FL 32804	(H		ewater Dr #529, Orlando, FL 32804
(u)	Principal office address of limited liability company:  (Nate: MUST BE STREET ADDRESS)	_ (	,,, <u> </u>	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	9/22/2017	_	L17000196	975
3.	Date of filing/registration in Florida Healthcare Talent, LLC	- 4.		Document number
5. (a)	Registered Agent and Registered Office shown on the records of t Healthcare Talent, LLC	he Florida	Dept. of State	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1317 Edgewater Dr #529, Orlando, FL 32804			2020 APR -
	Orlando, FL			SFE.FO
(b) .	Kelly Miller Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	- 5, <b>7</b>
	NEW Registered Office Address:			
	1317 Edgewater Dr			-
	Orlando, FL	32804		-
change agent v was/we the arti Signal I herei provisi the object of the condition of the co	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law of a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I had in verting of this change.	registere bility co f the lim limited l	ed office and ompany, it is nited liability com	d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in apany.  Printed or typed name of signee
/	Division of Corporations • P.O. 1	Box 632	7● Tallahas	ssee, FL 32314

FILING FEE: \$25.00