L18000005894

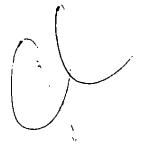
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COVER LETTER

TO: Registration Section Division of Corporations					
INOVA CARE LLC SUBJECT:	INOVA CARE LLC Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.				
Please return all correspondence concerning to	his matter to the following:				
Cynthia Davies					
Name of Person					
Cindy's Florida LLC					
Firm/Company					
8051 N. Tamiami Trail STE E6					
Address					
Sarasota, Florida, 34243					
City/State and Zip Code					
reports@cloudpeaklaw.com					
E-mail address: (to be used for future an	nual report notification)				
For further information concerning this matter	, please call:				
Cynthia Davies	727 300-0042 at ()				
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	g 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.

1. N	lame of the limited liability company: INOVA CARE L	LC				
2. (a)	8051 N. Tamiami Trail STE E6		(b) 8051 N. Tamiami Trail STE E6			
- . (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Sarasota, Florida, 34243			Sarasota, Florida, 34243		
	01/08/2018		1.	L18000005894		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a						
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 11207 Sunny Delight Ct					
	Registered Office Address (MUST BE FLORIDA STREET.	<u>sı</u>				
	Odessa , FL	33556				
(b)	Cindy's Florida LLC					
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:					
	8051 N. Tamiami Trail STE E6					
	NEW Registered Office Address:					
	Sarasota	34243				
chang agent was/w	limited liability company is not organized under the lave or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	registerability of the lin	red or mit	ed office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in		
(Cynthia Daviss agree of a member or authorized representative of a member	Су	nth	nthia Davies, Manager		
Sign	agree of a member or authorized representative of a member			Printed or typed name of signee		
provis the ob to me	eby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete digations of my position as registered agent as provided rely reflect a change in the registered office address, I had in writing of this change.	ee to ac perform d for in iereby c	et in nan Ch con	in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been		
(Ynthia Davies ynthia Davies					
Signat	yee of Registered Agent					