

L18000043179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

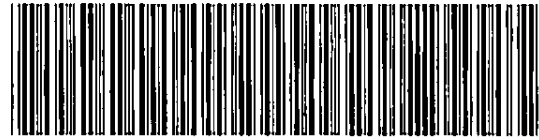
(Document Number)

Certified Copies _____

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Office Use Only



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LLC RAE RO

Charge

2024 MAY -6 PM 12:32
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

FILED

RECEIVED
2024 MAY -6 PM 3:32
TALLAHASSEE, FLORIDA

A. RAMSEY

MAY -7. 2024



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations
From: Amanda Miller - Amanda.Miller@cscglobal.com
Ext:
Date: 05/06/24
Order #: 1500070-2
Re: New Health Group LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: ~~\$35.00~~ - FL State Account Number: I200000000195

AUTH 25.00

Please take the following action:

File on a routine basis *[Signature]*

Issue proof of filing

Return evidence to the following:

ATTN: Amanda Miller

c/o Corporation Service Company

251 Little Falls Drive

Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: New Health Group 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:

Jonathan R Janeiro

Name of Person

Firm/Company

420 Roy Ct

Address

Keller, TX 76248

City/State and Zip Code

jjaneiro@janeirolegal.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan R Janeiro

850

491-4993

Name of Person

at (_____) _____

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

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: New Health Group LLC
2. (a) 901 PONCE DE LEON BLVD.
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
SUITE 200
CORAL GABLES, FL 33134
- (b) 901 PONCE DE LEON BLVD.
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
SUITE 200
CORAL GABLES, FL 33134
3. 02/16/2018 Date of filing/registration in Florida
4. L18000043179 Document number
5. (a) WELLS & WELLS, P.A.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
901 PONCE DE LEON BLVD.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
SUITE 200
CORAL GABLES, FL 33134
- (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

FILED
2024 MAY -6 PM 12:32
CLERK OF COURT
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.

Jonathan R Janeiro
Signature of a member or authorized representative of a member

Jonathan R Janeiro

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.

Am
Signature of Registered Agent