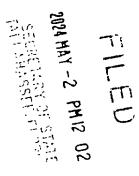
L18000083322

(Re	equestor's Name)			
(Ad	ddress)			
(Ad	ddress)			
(Ci	ty/State/Zip/Phone	· #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				



200428433769 PA & RO Change



Office Use Only

A. RAMSEY

MAY 3 2024



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

To: Department Of State, Division Of Corporations

From: Shauna Godbolt - Shauna.Godbolt@cscglobal.com

Ext:

Date: 05/02/24 Order #: 1498135-3

Re: BLUESKY TELEPSYCH, LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25.0 - FL State Account Number: I20000000195

AUTH

Please take the following action:

File on a routine basis Issue proof of filing

Return evidence to the following:

ATTN: Shauna Godbolt

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.

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.

(a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1431 Opus Place Suite 110		1431 On	us Place Suite 110
	· · · · · · · · · · · · · · · · · · ·			-
	Downers Grove, IL 60515		Downers	Grove, IL 60515
	04/02/2018		L1800008	3322
	Date of filing/registration in Florida	4.		Document number
(a)				
(a)	Registered Agent and Registered Office shown on the records o	f the Florid	la Dept. of Sta	 ite:
	STRAUSS, RICHELLE			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u></u>	_
	128 SE Flamingo Ave.			2
	STUART	34996		MAN -2 PHZ
		L		
(b)				
(0)	Enter name of NEW Registered Agent and/or NEW Registere		ddress:	-
				祭 22
	Corporation Service Company			
	NEW Registered Office Address:			
	1201 Hays Street	·-···		_
	Tallahassee	32301		
	,,,	L		_
he li	imited liability company is not organized under the la or changes are made, the Florida street address of the	ws of the	State of Fl	lorida, it is hereby confirmed that after th
nt v	vill be identical. Or, in the case of a Florida limited I	iability c	ompany, it i	is hereby confirmed that the change(s)
	ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the			
	ll Cilmi		Cilmi	mpany.
	ture of a member or authorized representative of a member			Printed or typed name of signee
	by accept the appointment as registered agent and ag	ree to ac	t in this cap	pacity. I further agree to comply with the
visi obl nere	ons of all statutes relative to the proper and complete igations of my position as registered agent as provide By reflect a change in the registered office address, I I in writing of this change.	e perform ed for in (hereby c	ance of my Chapter 60. onfirm that	the limited liability company has been filed the limited liability company has been
visi obl nere	ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change.	e performed for in (hereby c	ance of mv Chapter 60. onfirm that	auties, and r am jamitiar with and acce, 5, F.S. Or, if this document is being file the limited liability company has been