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(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:C	05/28/2024	
	Patrice Rush	
	2383844	
	MED	HQ FLORIDA, LLC
		ation to Transact Business
Amend	ment	
✓ Change	e of Agent	
Reinsta	atement	
Conver	rsion	
☐ Merger		
Dissolu	ition/Withdrawal	
☐ Fictitio	us Name	
Other_		
Authorized An	nount: \$25.00	
Signature:	(Pattle	

F: 800.944.6607

F: +852.2682.9790



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088
If there are any issues
please contact Patrice at
850-202-9071

Date: 05	/28/2024				
Name:	Patrice Rush	_			
	2383844	<u> </u>			
Entity Name:					
Articles o	f Incorporation/Authorization	n to Transact Business			
Amendme	ent				
	of Agent				
Reinstate	ment				
Conversion	on				
☐ Merger					
Dissolution	on/Withdrawal				
Fictitious	Name				
Other					
Authorized Amo	unt: \$25.00				
Signature:	(Pall				

F: +852.2682.9790

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)
	No Change	<u>N</u>	lo Change
	August 8, 2018		L18000190221
	Date of filing/registration in Florida	4.	Document number
a)	Corporation Service Company		
-,	Registered Agent and Registered Office shown on the record	ds of the Florida De	pt. of State:
	1201 Hays Street		
	Registered Office Address (MUST BE FLORIDA STRE	EET ADDRESS)	
			2
	Tallahassee	, FL_32301-25	
o)	COGENCY GLOBAL INC.	, 1 tz <u></u>	525 FIL
,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regis</u>	tered Office addres	
	115 North Calhoun St., Suite 4		
	NEW Registered Office Address:		№
	Tallahassee	EI 32301	
	imited liability company is not organized under the time or changes are made, the Florida street addressible be identical. Or, in the case of a Florida limits and the case of a Florida limits and the case of the manufacture of the manufactur	ss of the registered liability composers of the limited	red office and the business office of the regis bany, it is hereby confirmed that the change(d liability company or as otherwise provided
ha t v we	cles of organization or the operating agreement of	i the mined had	· · ·
ha t v we irti			ekowski Authorized Person

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.

/s/ Timothy Mayville

Signature of Registered Agent