L18000 200 631

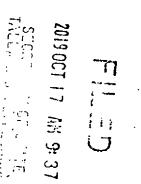
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Trusted Healthcare Associates, LLC.



Trusted Healthcare Associates, LLC.
3350 NW Boca Raton Blvd.
Suite A28
Boca Raton, FL 33431

October 14th, 2019

To whom it may concern,

My name is Michael Rosen, the current MGR of Trusted Healthcare Associates, LLC. with the Document Number of L18000209631. Enclosed is the form to update the Registered Agent on File from Mike Rosen Enterprises, Inc. to John Jacob Kevorkian III. The new principal address will be 3350 NW Boca Raton Blvd. Boca Raton, FL 33431.

If you need any additional information please call me directly at 561-716-3703.

Kind Regards,

John Jacob Kevorkian

John Jacob Kevorkian III

MGR

Michael Rosen

Michael Rosen

MBR

COVER LETTER

Registration Section Division of Corporations

TO:

INHS18 (2/14)

SUBJECT:	TRUSTED HEALTHCARE ASSOCIATES, LLC.					
SUBJECT	Nan	iability Company				
Dear Sir or N	Madam:					
The enclosed	d Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.			
Please return	all correspondence concerning th	is matter to the	following:			
John Jaco	b Kevorkian III					
	Name of Person					
	Firm/Company					
3350 NW	Boca Raton Blvd. Suite A28					
	Address					
Boca Rato	on, FL 33431					
	City/State and Zip Code					
info@trust	tedhealthassociates.com					
E-mail	address: (to be used for future ann	ual report noti	lication)			
For further i	nformation concerning this matter.	please call:	·			
Michael R	osen	561 at (7163703			
	Name of Person		Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Re Di P.	AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 dllahassee. Florida 32314			
Enc	losed 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.

I. Na	me of the limited liability company: TRUSTED HEA	ed liability company: TRUSTED HEALTHCARE ASSOCIATES, LLC.				
. (a)	3350 NW Boca Raton Blvd. Ste. A28 Boca, FL	(b)	(h) 141 NW 20th St. Ste. G7 Boca, FL 33431			
(u)	(0)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	08/31/2018	- -	1800020	9631		
	Date of filing/registration in Florida	4.		Document number		
. (a)	MIKE ROSEN ENTERPRISES, INC.					
. (4)	Registered Agent and Registered Office shown on the records of the 150 E. Palmetto Park Rd. S. Ste. 800 Boca, F			:		
	Registered Office Address (MUST BE FLORIDA STREET AL 150 EAST PALMETTO PARK ROAD S. SUIT					
	Boca Raton FL 33432			7.0		
(b)	John Jacob Kevorkian III			ANSOCI TSEET		
, .	Enter name of NEW Registered Agent and/or NEW Registered Office address:					
	3350 NW Boca Raton Blvd. Ste. A28			以及じ		
	NEW Registered Office Address:			· · · · · · · · · · · · · · · · · · ·		
	Boca Raton .FL3	3431	·			
he cha gent v vas/w	imited liability company is not organized under the laws ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liable are authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	he regist oility cor the limi imited li	ered office npany, it is ed liability ibility com	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in apany.		
	Michael Rosen		John Jacob Kevorkian III			
l here provisi he obi o mer	ture of a member or authorized representative of a member by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I his d in writing of this change.	e to act i performa for in Co preby con	n this capa nce of my a napter 605, nfirm that t	Printed or typed name of signee acity. I further agree to comply with the luties, and I am familiar with and accept. F.S. Or, if this document is being filed the limited liability company has been		
101	n Jacob Kevorkian re of Registered Agent					