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NOV 05 2019

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

TO: Registration Section
Division of Corporations

SUBJECT: TRUSTED HEALTHCARE ASSOCIATES, 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:

John Jacob Kevorkian III

Name of Person

Firm/Company

3350 NW Boca Raton Blvd. Suite A28

Address

Boca Raton, FL 33431

City/State and Zip Code

info@trustedhealthassociates.com

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

For further information concerning this matter, please call:

Michael Rosen

Name of Person

at (561) 7163703

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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: TRUSTED HEALTHCARE ASSOCIATES, LLC.
2. (a) 3350 NW Boca Raton Blvd. Ste. A28 Boca, FL (b) 141 NW 20th St. Ste. G7 Boca, FL 33431
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 08/31/2018 4. L18000209631
Date of filing/registration in Florida Document number

5. (a) MIKE ROSEN ENTERPRISES, INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

150 E. Palmetto Park Rd. S. Ste. 800 Boca, FL 33432

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

150 EAST PALMETTO PARK ROAD S. SUITE 800

Boca Raton, FL 33432

- (b) John Jacob Kevorkian III

Enter name of NEW Registered Agent and/or NEW Registered Office address:

3350 NW Boca Raton Blvd. Ste. A28

NEW Registered Office Address:

Boca Raton, FL 33431

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.

Michael Rosen

Signature of a member or authorized representative of a member

John Jacob Kevorkian III

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.

John Jacob Kevorkian

Signature of Registered Agent

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