

L18000209631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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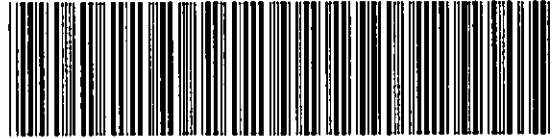
(Business Entity Name)

(Document Number)

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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:

Michael Rosen

Name of Person

Firm/Company

141 NW 20th Street Suite G7

Address

Boca Raton, FL 33431

City/State and Zip Code

michaelrosen24@gmail.com

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

For further information concerning this matter, please call:

Michael Rosen

561

716-3703

at (_____) _____

Name of Person

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

19 APR 27 PM 3:54
TALLAHASSEE STATE
DIVISION OF CORPORATIONS

**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) 141 NW 20th Street Suite G7
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
Suite G7
Boca Raton, FL 33431
- (b) 141 NW 20th Street Suite G7
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
Suite G7
Boca Raton, FL 33431
3. 08/31/2018 Date of filing/registration in Florida
4. L18000209631 Document number
5. (a) JOHN JACOB KEVORKIAN III
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
3350 NW BOCA RATON BLVD
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Suite A28
Boca Raton, FL 33431
- (b) Michael Rosen
Enter name of NEW Registered Agent and/or NEW Registered Office address:
141 NW 20th Street
NEW Registered Office Address:
Suite G7
Boca Raton, FL 33431

FILED
SEP 11 2018
TALLAHASSEE
FLORIDA
CLERK OF COURT

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

Michael Rosen

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 III

Signature of Registered Agent

JOHN JACOB KEVORKIAN III