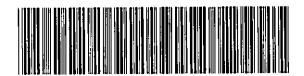
## 118000 218 438

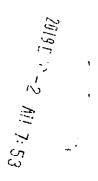
(Requestor's Name)				
(Address)				
(Address)				
(City/S	State/Zip/Phon	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	es of Status		
Special Instructions to Filing Officer:				

Office Use Only



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R. WHITE JAN 11 2020

## COVER LETTER

TO: Registration Section Division of Corporations	
Reliance TPA, LLC SUBJECT:	
	f 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 m	natter to the following:
Emile C. Commedore	
Name of Person	<del></del>
Reliance TPA , LLC	
Firm/Company	
P.O. Box 271406	
Address	
Tampa, FL. 33688-1406	
City/State and Zip Code	<del></del>
drcommedore@gmail.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, ple	ease call:
E. Commedore	813 962-3401 at ( )
Name of Person	Area Code & Daytime Telephone Numbe
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 am	nount:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

## 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. N	Reliance TPA, LL ame of the limited liability company:	.C	
2. (a)	14502 N. Dale Mabry Hwy, Suite 326	(h	P.O. Box 271406
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Tampa, FL., 33618	(0	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  Tampa, FL. 33688-1406
	09/14/2018		L18000218438
<ol> <li>(a)</li> </ol>	Date of filing/registration in Florida Corporate Creations Network, Inc.	4.	Document number
J. (a)	Registered Agent and Registered Office shown on the records of 11380 PROSPERITY FARMS ROAD. #221E	the Florida	a Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET). 11380 PROSPERITY FARMS ROAD #221E	<u>ADDRESS</u>	<u>2119 E</u>
	PALM BEACH GARDENS, FL	33410	
(b)	RHMS Consults		2
(5)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	idress
	14502 N. Dale Mabry Hwy, Suite 326		그 53
	NEW Registered Office Address:		<u> </u>
	14502 N. Dale Mabry Hwy, Suite 326		
	Tampa, 33618, FI	33618	
changagent was/w the art	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liarge authorized by an affirmative vote of the members of interpretation or the operating agreement of the	registere ability co of the lim limited l	ed office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in liability company.  ile C. Commedore, President, RHMS Consults
-	ature of a member or authorized representative of a member		Printed or typed name of signee
I here provis the ob to mer notifie	eby accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide selv reflect a change in the registered office address, I is a linyeriting of this change.	ree to act performa d for in C hereby ca	t in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accep Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been
Signati	ure of Registered Agent		