## L19000 059 891

(Requestor's Name)							
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(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies	_ Certificates o	of Status					
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Carissa Koetitz carissa.koetitz@cscglobal.com

Date: October 3, 2019

Order#: 913481/005

Re: TOGETHER HEALTH, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

<u>XX</u> Return Regular Mail in the enclosed envelope.

Attn:Carissa Koetitz c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

## 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.	Na	me of the limited liability company: TOGETHER HEA	ALTH LL	С		···-	
2. (a)		1202 SW JANETTE AVE	(b)	1202 SW JANETTE AVE			
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability com (Note: MAY BE POST OFFICE BO				
		PORT SAINT LUCIE FL 34953	-	PORT SAINT LUCIE	FL	34953	
		03/01/2019	_	L19000059891			
3.		Date of filing/registration in Florida	4.	Document number			
5.	(a)	Corporation Service Company					
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
		1201 Hays Street			57:3	19	
		D. Caral CONT. A LL. AMET DE LI ADIO A CERCET ADDRESS.				BCT -	
		Tallahassee .FL_	32301			FILE.D	
(h)		JOHNS, BRANDON			[SE]	6: 13	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	)ffice add	ress:	77	· 🕠	
		1211 SW BAYSHORE BLVD					
		NEW Registered Office Address:					
		PORT SAINT LUCIE . FL	34953	<del></del>			
the age wa	cha int w s/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he regist pility cor the limi	ered office and the business on pany, it is hereby confirmed ted liability company or as other	office of the that the c	he registered :hange(s)	
_/:	s/ Ga	ivin Southwell	Gavi	n Southwell			
S	ignat	ure of a member or authorized representative of a member		Printed or typed name	of signee	<del></del>	
pro the to i	visio obli ngre	y accept the appointment as registered agent and agre- ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change.	erforma för in Ci	nce of my duties, and I am fan hapter 605, F.S. Or, if this do	niliar witi ocument is	h and accept s being filed	
Sig	natur	Character Corporation Service Company	BY: Gr	ace E. Kirby, Asst. Vice Pre	esident		