## HACCCAISASS

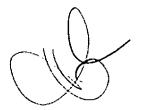
(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Decomposit Number 2)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
<b>3</b>						

Office Use Only



100390857321

0022 JUL 15 PH I2: 45



## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJ	ECT: ACENTIAN LLC					
		me of Limited	Liability Company		•	
Dear :	Sir or Madam:					
The e	nclosed Registered Agent/Registered Of	fice Change an	d fee(s) are submitted for filing.			
Please	e return all correspondence concerning th	us matter to the	e following:			
Melis	sa Jones					
	Name of Person					
ZenBı	usiness Inc.					
	Firm/Company		<del></del>			
336 E	. College Ave. Suite 301					
	Address	.,	<del></del>			
Tallah	assee, FL 32301					
	City/State and Zip Code				2022	
ra@ze	mbusiness.com			1 24	JUL	ij
<u> </u>	E-mail address: (to be used for future ann	wal report noti	fication)	73 U.S	15	, establi
For fu	rther information concerning this matter,	please call:		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	2022 JUL 15 PH12:	
Meli	issa Jones	844 at (	493-6249	17 Et	: 45	
	Name of Person		Area Code & Daytime Telepho	one Numbe	r	
	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. Sui Tallahassee. FL 32303	te 810		

☐ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

## 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	Jame of the limited liability company: ACENTIA	N LI	_C				
2. (a)	226 BRUNSWICK DRIVE	(	<sub>10</sub> 226 E	BRUNSWICK DRIVE			
(-7	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (	· / <del></del>	Mailing address of limited liability company: (Note: MAYBE POST OFFICE BOX)			
	DAVENPORT, FL 33837	_	DAVE	NPORT, FL 33837			
		_	<del></del>				
	08/27/2019		L19000	0218285			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	Registered Agents Inc.						
` .	Registered Agent and Registered Office shown on the records of t	be Florid	a Dept. of State	- <u>t</u>			
	7901 4th St N						
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	27	-			
	St. Petersburg, FL	33702		202			
(b)	ZenBusiness Inc			FILED 2022 JUL 15 PM 12:1			
Enter name of NEW Registered Agent and/or NEW Registered Office address:							
	336 E. College Ave.			PM 12: 45			
	NEW Registered Office Address:						
	Suite 301			~ <i>G</i>			
	Tallahassee , FL	32301		·			
agent v was/w	imited liability company is not organized under the law e or changes are made, the Florida street address of the a will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	registere pility co f the lim	ed office and empany, it is uted liability	the business office of the registered hereby confirmed that the change(s)			
/s/	Daniel A. Nelson SR			elson SR			
	ture of a member or authorized representative of a member			Printed or typed name of signee			
I here provisi the obl to mer notifi <b>e</b> l	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 he din writing of this change.	e to act erforme for in ( ereby co	in this capa Ince of my di Thapter 605, Infirm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been			

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent