L19000271911

(Requestor's Name)					
(Address)					
(Address)					
(Address)					
	(City/State/Zip/Phone #)				
☐ PICK-U	P WAIT MAIL				
	(Business Entity Name)				
(Document Number)					
Certified Conies	Селіficates of Status				
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Special Instructions	to Filing Officer:				
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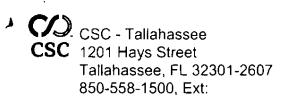
Office Use Only



000431200700

2024 JUN 27 PH 3:

RECEIVED



To: Department Of State, Division Of Corporations From: Amanda Miller - Amanda.Miller@cscglobal.com

Ext:

Date: 06/27/24 Order #: 1540247-3

Re: Wellscenter Equity LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Spelle man

Check in the amount of: \$25.00 - FL State Account Number: I20000000195

AUTH

Please take the following action:

File on a routine basis Issue proof of filing

Return evidence to the following:

ATTN: Amanda Miller

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

Special Instructions:

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Purgrant 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	ame of the limited liability company:WELLSCENTE	R EQUIT	ΓY	LLC	
2. (a)		(1	h)		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		U)		failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	10400 SW 96th Street			10400 SW	96th Street
	Miami, FL 33176			Miami, FL	33176
	11/13/2019		l	L19000271	967
3.	Date of filing/registration in Florida	4.	_	I	Document number
5. (a)					
J. (d)	Registered Agent and Registered Office shown on the records o YANEZ, DANIELA V	f the Florid	la I	Dept. of State:	:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES.	S)		
	10400 SW 96th Street				
	Miami	. 33176			2024 JU 221
	, F	L			
/1- x					(3)
(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office ac	ddr	ress:	
					00 H 00
	Corporation Service Company				Q
	NEW Registered Office Address:				
	1201 Hays Street				
	Tallahassee . F	32301			
change agent v was/we	imited liability company is not organized under the la c or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e register iability co of the lim	ed om nit	office and pany, it is ed liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
/s/ Ivan Ramirez		Ivai	Ivan Ramirez, Ma		
Signa	ture of a member or authorized representative of a member				Printed or typed name of signee
provisi the obl to mere notified	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to act e perform ed for in C hereby co	t ii an Ch on	n this capac ice of my di capter 605, firm 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 are limited liability company has been
~	re of Registered Agent ace E. Kirby, Asst. Vice President on behalf of Corpor	ration Ser	rvi	ce Compar	nv.
Off	Division of Corporations P.O.	Box 632	7•	Tallahass	iee, FL 32314

FILING FEE: \$25.00

INHS18 (2/14)

CSC COA-6417