(Requestor's Name) (Address)	000345415650
(Address) (City/State/Zip/Phone #)	
(Business Entity Name) (Document Number)	06/09/2001025001 ++25.00
tified Copies Certificates of Status	
	119.46 1.55 1.5.46



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 27, 2020

LARISSA FRAVENHEIM 2036 SEA HAWK CIR PONTE VEDRA BEACH, FL 32082

SUBJECT: LARISSA FRAUENHEIM, APRN, LLC Ref. Number: L20000009319

We have received your document for LARISSA FRAUENHEIM, APRN, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted two documents under one filing fee. Please either chose which document you want to file or submit an additional filing fee of \$25.00 to file them both.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II Supervisor

Letter Number: 320A00010507

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: <u>LANSXI</u> F	- 7 <u>au</u>	JONEIN, APPRNILLC
2. (a)	<u>ADS10</u> <u>SPA HAW)</u> (IF Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b	b) <u>2036</u> <u>SCA</u> <u>HEWE</u> <u>Ch</u> Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
1	Porte Veara Beach, Fr 32082	ť	Ponte Verlig Brach, FL 32012
3.	Date of filing/registration in Florida	4.	Document number
	SMITH HULKY BUDGY PROTUNU Registered Agent and Registered Office shown on the records of the I	ncl	Association
	One Inclept office Address <u>MUST BE FLORIDA STREET ADE</u>	D RESS	<u></u>
	Tacksonnille, FL 3	322	202
(b) _	Enter name of NEW Registered Agent and/or NEW Registered Off	fice add	نغ tdress: ب
	NEW Registered Office Address:	<u>.</u> _	·
	2D36 Seci Heurix (1)		
	Ponte Vectra Beach FL 3		
change	nited liability company is not organized under the laws o or changes are made, the Florida street address of the regi ill be identical. Or, in the case of a Florida limited liabili	istered	ed office and the business office of the registered

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.

Montun Signature of a member or authorized representative of a member

insvi Frauncheim 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.

Inner 11 Signature of Registered Agent

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