8/5/22, 3:22 PM

Division of Corporations

## Florida Department of State Division of Corporation

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## LLC REGISTERED AGENT CHANGE NEIGHBORMD OF PALM BEACH GARDENS, LLC

Certificate of Status	0
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AUG 0 5 2022

## 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.

l. N	ame of the limited liability company:  NeighborMD of l	Palm Beach Gardens	, LLC			
2. (a)		(b)				
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	3365 Burns Rd. Suite 217	PO Box 251				
	Palm Beach Gardens, FL 33410	Swansea MA 02777				
	05/22/2020	L2000013	4975			
3.	Date of filing/registration in Florida	4.	Document number			
5. (a	Gonzalez, Jessica					
(b)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
	Registered Office Address (MUST BE FLORIDA STREET					
	t50 S. Pine Island RdSuite 200	<u></u>				
	Plantation F1	33324	<b>202</b>			
	C T Corporation System	AP <b>2022 AUG</b> SECRETAIA TALLAIIA				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	PPROVE AND FILED G-5 PM LASSECF				
	NEW Registered Office Address:					
	1200 South Pine Island Road		_			
	Plantation FI	33324	<del></del>			
the clagent was/y the ar Sign	limited liability company is not organized under the la range or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the limited of a member or authorized representative of a member eeby occept the appointment as registered agent and agricons of all statutes relative to the proper and complete	f the registered off iability company, is of the limited liability company. I limited liability control of the liability c	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.  AD  Printed or typed name of signce in appacity. I further agree to comply with the conductors and I am familiar with and accent			
the ol to me notifi	bligations of my position as registered agent as provide rely reflect a change in the registered office address. I ed in writing of this change.  CT Congration System	ea for in Chapter 0	(15, 1 <sup>-</sup> , 5, -(11, 11) this accument is being fited			
By:	/s/ Eric Jensen					

Signature of Registered Agent