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COVER LETTER

ΓO:	Registration Section Division of Corporations					
SURJ	Essential Support Addiction Care	e, LLC				
Name of Limited Liability Company						
Dear S	Sir or Madam:					
The er	nclosed Registered Agent/Registered	Office Change	and fee(s) are submitted for filing.			
Please	return all correspondence concerning	g this matter to	the following:			
Valent	ina Ospina					
	Name of Person		· · · · · · · · ·			
Essent	ial Support Addiction Care, LLC					
	Firm/Company					
11460	NW 56th Dr, APT #105					
•	Address					
Coral 3	Springs, FL 33076					
•	City/State and Zip Coo	de				
valent	ina@essentialaddictioncare.com					
	E-mail address: (to be used for future	annual report n	otification)			
For fu	rther information concerning this mat	tter, please call				
Valent	ina Ospina	754 at (2171602			
	Name of Person		Area Code & Daytime Telephone Number			
	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, Suite 810 Tallahassee, FL 32303			
	Enclosed is a check for the follow	ving amount:				
	■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				

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.

2. (a) 11460 NW 56th Dr. Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) APT. #105 Coral Springs. FL 33076 Coral Springs. FL 33076 Date of filing/registration in Florida APT. #105 Coral Springs. FL 33076 L20000153784 3. Date of filing/registration in Florida APT. #105 Coral Springs Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 3681 Turtle Run Blvd. Registered Office Address: APT #1125 Coral Springs FL 33067 (b) Valentina Ospina Eater name of NEW Registered Agent and/or NEW Registered Office address: APT #105 Coral Springs FL 33076 (b) Valentina Ospina Eater name of NEW Registered Agent and/or NEW Registered Office address: APT #105 Coral Springs FL 33076 (c) 11460 NW 56th Dr. NEW Registered Office Address: APT #105 Coral Springs FL 33076 (d) Valentina Ospina Eater name of NEW Registered Agent and/or NEW Registered Office address: APT #105 Coral Springs FL 33076 (d) Valentina Ospina Eater name of NEW Registered Agent and/or NEW Registered Office address: APT #105 Coral Springs FL 33076 (d) Valentina Ospina Eater name of new Registered Agent and or NEW Registered Office address: APT #105 Coral Springs FL 33076 (e) Valentina Ospina Eater name of new Registered Agent and gree to a company, it is hereby confirmed that after the change or changes are made, the Florida street address of the firetial liability company or as otherwise provided in the articles of organization of an approximation of the member of authorized by an affirmative vote of the member of the limited liability company or as otherwise provided in the articles of organization of my position as registered agent as provided for in Chapter 605. F.S. Or. if this document is being filed on one pub Profeed and anger the pregistered agent as provided for in Chapter 605. F.S. Or. if this document is being filed on one pub Profeed and pane to the registered agent as provided for in Chapter 605. F.S. Or. if this document is being	1. Na	ame of the limited liability company:	rt Addio	tion Care, LLC	
Principal office address of limited liability company: (Note: MAY BE FOST OFFICE BOX) APT. #105 APT. #105 Coral Springs. FL 33076 APT. #105 Coral Springs. FL 33076 Coral Springs. FL 33076 Coral Springs. FL 33076 APT. #105 Coral Springs. FL 33076 Coral Springs. FL 33076 Coral Springs. FL 33076 Coral Springs Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 3681 Turtle Run Blvd. Registered Office Address: APT #1125 Coral Springs FL 33067 (b) Valentina Ospina Enter name of NEW Registered Agent and/or NEW Registered Office address: APT #105 Coral Springs FL 33076 If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered gent 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 he articles of organization or the popular agreement of the limited liability company. Valentina Ospina Signature of a member of authorized representative of a member 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 order of the popular performance of my duties, and I am familiar with and accept of member of the limited liability company in a familiar with and accept file of member of a member of a member of the provisions of any position as registered agent and agree to act in this capacity. I further agree to comply with the order of the popular performance of my duties, and I am familiar with and accept the other provisions of a limited liability company as a supplied of the provision of the popular perf	2. (a)	11460 NW 56th Dr.	(b) 11460 NW		V 56th Dr.
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