Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081

Phone

: (307)200-2803

Fax Number

: (813)436-5206

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LLC REGISTERED AGENT CHANGE WORLDWIDE UNITED HEALTHCARE LLC

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11/4/2024 11:28:34 PST To: 18506176383 Page: 2/2 Fax: 8134365206

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. Na	une of the limited liability company: <u>WORLDWIDE U</u>		
2. (a)	7901 4th St N STE 300	(b) 7901 4th St N STE 300	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of fimited liability company: (Note: MAY BE POST OFFICE BOX)
	St. Petersburg FL 33702	<u> </u>	t. Petersburg FL 33702
	07/27/2020		0000221457
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Maher, EMILY Registered Agent and Registered Office shown on the records of 2941 nw 62nd st	the Florida De	pt, of State:
	Registered Office Address (MUST BE FLORIDA STREET)	<u>4DDRESS)</u>	
	suite 102		
	Fort Lauderdale	33309	
(b)	Registered Agents Inc		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	APPROVED AND FILED SECRETARIES FALL SERVE	
	7901 4th St N		
	NEW Registered Office Address:		1155
	STE 300		
			· · · · · · ·
	St. Petersburg . FL	33702	
the cha agent w was/we the arti	imited liability company is not organized under the lavinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited libra authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the register ability comp of the limite limited liab	red office and the business office of the registered bany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in offity company.
Signat	ture of a member or authorized representative of a member	Robin J	Printed or typed name of signee
иону се с 	by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I is finitely writing of this change. David Roberts - Assistant States		this capacity. I further agree to comply with the we of my duties, and I am familiar with and accep upter 605, F.S. Or, if this document is being filed irm that the limited liability company has been

David X Boots Signatule of Registered Agent