120000272873

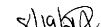
(Requestor's Name)			
(Address)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
O Afficiation of Obstice			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
<u> </u>			

Office Use Only



000371281470

08/08/21--01025--009 **25.00



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEDICINE BAG HEALTHCARE PLLC	MEDICINE BAG HEALTHCARE PLLC			
	mited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.			
Please return all correspondence concerning this matte	r to the following:			
Tracey Hoefler				
Name of Person				
MEDICINE BAG HEALTHCARE PLLC				
Firm/Company				
17700 Wood Path CT				
Address				
Punta Gorda, FL 33982				
City/State and Zip Code				
thoefler@medbaghealth.com				
E-mail address: (to be used for future annual repo	ort notification)			
For further information concerning this matter, please	call:			
Tracey Hoefler 3	07 399-1107			
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 following amoun	t:			
S25 Filing Fee	S55 Filing Fee & Certified Copy			
INHS18 (2/14)				

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.

ጎ (a)			(h)
Z. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)
	17700 Wood Path CT		17700 Wood Path CT
	Punta Gorda, Fl. 33982		Punta Gorda, FL 33982
	09/01/2020		1.20000272873
3.	Date of filing/registration in Florida	4.	Document number
5 (a)			
J. (a	Registered Agent and Registered Office shown on the records o	t the Flori	da Dept. of State:
	UNITED STATES CORPORATION AGENTS, INC		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE.	SSI
	5575 S. SEMORAN BLVD, SUITE 36		
	ORLANDO , F	L 32822	
(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office a	address:
	TRACEY HOEFLER		
	NEW Registered Office Address:		
	17700 WOOD PATH CT	<u>-</u>	
	PUNTA GORDA , F	L	
chang agent was/v	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited layere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e registe iability of of the li e limited	ered office and the business office of the registered company, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in a liability company.
	duy/ta/	Tr	Printed or typed name of signee
	ature of a member or authorized representative of a member		1 111122 Or 13 pag 1121
I hero provis the ob- to me- position	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complet officiations of my position as registered agent as provid- rely reflect a change in the registered office address, l ed in writing of this change.	ree to a e perfori ed for in hereby	ct in this capacity. I further agree to comply with the mance of my duties, and I am Jamiliar with and accep Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been

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

INHS18 (2/14)

Signature of Registered Agent