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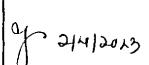
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COVER LETTER

T 0 : Registration Sc Division of Co			
Starkey R	anch Asset, LLC		
	Na	me of Limited	Liability Company
Dear Sir or Madam:			
The enclosed Registere	d Agent/Registered Of	ffice Change ar	nd fee(s) are submitted for filing.
Please return all corresp	oondence concerning t	his matter to th	ne following:
Tom Vo			
	Name of Person		
	Firm/Company		
6030 S. Rice Ave., Suit	e C		
	Address		
Houston, TX 77081			
Ci	ty/State and Zip Code	-	
admin@nutexhealth.co	m		
E-mail address: (t	o be used for future an	inual report not	ification)
For further information	concerning this matter	r, please call:	
Tom Vo		713 at (660-0557
Name o	of Person		Area Code & Daytime Telephone Number
Mailing Addr Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a c	heck for the followin	g amount:	
a \$25 Filing F	ee		\$55 Filing Fee & Certified Copy
INHS18 (2/14)			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FO. LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability comparsubmits the following statement in order to change its registered office or registered agent, or both, in the State of Florida

. Nan	ne of the limited liability company:	ch Asset, LLC	
(a) 6	030 S. Rice Ave., Suite C. Houston, TX 77081	(b) ⁶⁰	030 S. Rice Ave., Suite C, Houston, TX 77081
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	/11/21	 L21	000025542
-	Date of filing/registration in Florida	4.	Document number
(a) _	Onier Villarreal		
F	Registered Agent and Registered Office shown on the records 10525 Barabcoa Ct., Trinity, FL 34655	s of the Florida Dep	
	Registered Office Address	ET ADDRESS)	2022 NOV
-		FL	
(b)			ANIO DI
	Enter name of NEW Registered Agent and/or NEW Registe	red Office addres	AM 10: 05
<u>.</u>	NEW Registered Office Address:		
-	19114 Magnolia Farms Ln.		
(Odessa	FL ³³⁵⁵⁶	
inge o nt wi	nited liability company is not organized under the or changes are made, the Florida street address of all be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member less of organization or the operating agreement of the second control of the control of the operating agreement of the control of the operating agreement of the control of the operating agreement of the control of the con	the registered o Hiability compa	ffice and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in lity company.
ignatu	re of a member or authorized representative of a member		Printed or typed name of signee
ACL CIT	caccept the appointment as registered agent and a ns of all statutes relative to the proper and comple ations of my position as registered agent as provi w reflect a change in the registered office address, in writing of this change.	agree to act in t ete performance ded for in Chap I hereby confir	his capacity. I further agree to comply with the of my duties, and I am familiar with and accorder 605, F.S. Or, if this document is being fillown that the limited liability company has been
mature	of Registered Agent		