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COVER LETTER

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-TO: Registration Section Division of Corporations

Starkey Hospital, LLC SUBJECT:

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tom Vo

Name of Person

Firm/Company

6030 S. Rice Ave., Suite C

Address

Houston, TX 77081

City/State and Zip Code

admin@nutexhealth.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tom Vo 713 660-0557 at (Name of Person Area Code & Daytime Telephone Number Mailing Address: Street Address: Registration Section **Registration Section Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Enclosed is a check for the following amount:

3 \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

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 compar submits the following statement in order to change its registered office or registered agent, or both, in the State of Florid.

Na	ame of the limited liability company:	Starkey Hospital, LLC			
	6030 S. Rice Ave., Suite C, Houston, TX	77081	(b) ⁶⁰³	0 S. Rice Ave.	, Suite C, Houston, TX 7708
. ,	Principal office address of limited liabilit (Note: MUST BE STREET ADD)			_	dress of limited liability company: MAY BE POST OFFICE BOX
	1/11/21			00025563	
	Date of filing/registration in Flo		- <u>-</u> 4.		ent number
	Onier Villarreal	nida	4.	Docum	in number
(a)	Registered Agent and Registered Office shown o	n the records of	the Florida Deal	of State:	
	10525 Baracoa Ct., Trinity, FL 34655	in the records of t	ine i konda i zepi,	or state,	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				<u>د ک</u>
					SECULTA
		·			
		, FL	·		- - - -
(b)					
	Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered	Office address:		AH IO: 07 SEE, FL
	NEW Registered Office Address:				
	19114 Magnolia Farms Ln.	-			
	Odessa	. FL	33556		
he li	mited liability company is not organized or changes are made, the Florida street a	under the law	vs of the State	of Florida, it is	s hereby confirmed that after iness office of the registered
nt w s/we	vill be identical. Or, if the case of a Flori ere authorized by an differentive vote of the cles of organization of the operating agre	ida limited lia ne members o	bility compan f the limited li	y, it is hereby ability compar	confirmed that the change(s)
	<u> </u>		Tom Vo		
	ure of a member or sumorized representative of a	manhar		Printal	r typed name of signee

provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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

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