

L21000067230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

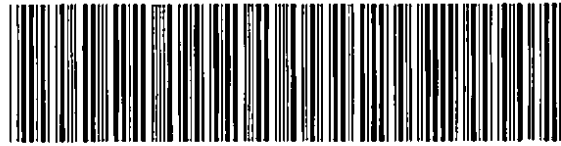
(Document Number)

Certified Copies _____

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2022 DEC -5 AM 9:50
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A. BUTLER

DEC - 6 2022

2022 DEC -5 PM 4:33

Advanced Incorporating Service

1317 California Street
P.O. Box 20396
Tallahassee, FL 32316

Phone: 850-222-CORP
Fax: 850-575-2724
Email: wlopez@aisincfl.com
Website: www.aisincfl.com

NAME OF ENTITY

KL B Healthcare LLC

FOR OFFICE USE ONLY

PICK ONE:

☐ CERTIFIED COPY ☒ PHOTOCOPY ☐ C.U.S.

FILING:

☐ CORPORATION ☐ LLC ☐ LIMITED PARTNERSHIP ☐ GENERAL PARTNERSHIP

☐ FICTITIOUS NAME ☐ SERVICEMARK/TRADEMARK ☐ AMENDMENT

☐ FOREIGN QUALIFICATION ☐ JUDGMENT LIEN

☒ OTHER RA Change

RETRIEVAL:

☐ GOOD STANDING CERT/C.U.S. ☐ CERTIFIED COPY ☐ PHOTOCOPY

Of _____

APOSTILLE/NOTARY CERTIFICATION REQUEST:

Country _____

Amount of Documents _____

DATE 12/5/22 TIME _____

Notes: _____

**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.

1. Name of the limited liability company: KLB HEALTHCARE LLC

2. (a) Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
2576 Gulf Breeze Ave
PENSACOLA 32507 IN

(b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

3. 02/08/2021 Date of filing/registration in Florida 4. L21000067230 Document number

5. (a) KLB Healthcare
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
2500 Gulf Beach Hwy
Pensacola, FL 32507

(b) Universal Registered Agents, Inc.
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
1317 California Street
Tallahassee, FL 32304

FILED
2022 DEC -5 AM 9:50
TALLAHASSEE, FL
STATE

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 agent 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 the articles of organization or the operating agreement of the limited liability company.

156: Lucas Vanemelen
Signature of a member or authorized representative of a member

Lucas Vanemelen
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the 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]
Signature of Registered Agent

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