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| (Re | questor's Name) | | | |
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COVER LETTER

| | Registration Section Division of Corporations | | | | |
|---|--|----------------------|--|--|--|
| SUBJE | Allay Health Services LLC | | | | |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Name of Limited Liability Company | | | | |
| Dear Si | r or Madam: | | | | |
| The enc | losed Registered Agent/Registered | Office Change and | fee(s) are submitted for filing. | | |
| Please r | eturn all correspondence concerning | g this matter to the | following: | | |
| Nicole 1 | ynn Callen - Jordan | | | | |
| - | Name of Person | , | | | |
| Allay H | ealth Services LLC | | | | |
| | Firm/Company | | | | |
| 1901 Ha | arrison Street | | | | |
| | Address | | | | |
| Hollywo | ood, FL 33021 | | | | |
| | City/State and Zip Coc | le | | | |
| • | ilthservices@gmail.com | | _ | | |
| E | -mail address: (to be used for future | annual report notif | ication) | | |
| For furt | ther information concerning this mat | tter, please call: | | | |
| Nicole I | Lynn Callen - Jordan | 754 at (| 241-9094 | | |
| | 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 follow | ring amount: | | | |
| | ■ \$25 Filing Fee | □ \$ | 55 Filing Fee & Certified Copy | | |

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.

| (a) | ame of the limited liability company: 1901 Harrison Street Hollywoo, FL 33021 Principal office address of limited liability company: | | Mailing address of limited liability company: |
|-------------------------------|---|--|---|
| | (<u>Note: MUST BE STREET ADDRESS</u>) | | (<u>Note: MAY BE POST OFFICE BOX</u>) |
| | | | |
| | | | 00084673 |
| (a) | Date of filing/registration in Florida Nicole Jordan | 4. | Document number |
| (a) | Registered Agent and Registered Office shown on the records of | the Florida Dept. | of State: |
| | Registered Office Address (MUST BE FLORIDA STREET) | ADDRESS) | |
| | 1901 Harrison Street | | —— <u>Fis</u> |
| | Hollywood FI | . <u></u> | |
| | Nicole L. Callen-Jordan | | 10 To Ta |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered | l Office address: | —— Six I |
| | | | TALLANASSEE FLAN |
| | NEW Registered Office Address: | _ | |
| | 1901 Harrison Street | | |
| | Hollywood F1 | 33021 | |
| iange gent s as/w | limited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited literer authorized by an affirmative vote of the members of icles of organization or the operating agreement of the | registered off ability compar of the limited b limited babili | ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in |
| <u>X</u> | ature of a member or authorized representative of a member | Nicole L. | Printed or typed name of signee |
| here rovis ie oh mer | who accept the appointment as registered agent and aginous of all statutes religive to the proper and complete ligations of my position as registered agent as provide the reflect a change in the registered office address. It was writing of this frange. | The for mance of | Gr 605 FS Or if this document is being file |

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