

L21000 159280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

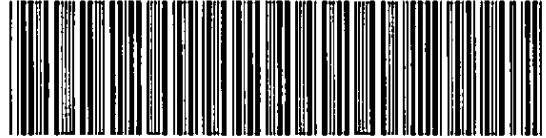
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

1/26/23 2/2
10/24
NOMINATING

Office Use Only



600398933536

FILED

FILED
2023 JAN 26 PM 12:36
TALLAHASSEE, FLORIDA

LLC
RACH

2-2-23
DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 12, 2023

CJAM HEALTHCARE SERVICES,LLC
28 AMALFI WAY
KISSIMMEE, FL 34758

SUBJECT: CJAM HEALTHCARE SERVICES,LLC
Ref. Number: L21000159280

We have received your document for CJAM HEALTHCARE SERVICES,LLC. however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

The current name of the entity is as referenced above. Please correct your document accordingly.

The document must also contain the address of the registered agent which must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 723A00000962

JAN 26 2023

**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: CIAM Health Care Services, LLC

2. (a) 28 Amalfi Way (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

Kissimmee, FL 34758

3. 04/06/2021 4. 121000159280
Date of filing/registration in Florida Document number

5. (a) MARC-GARCIA Pierre-Louis
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

28 Amalfi Way
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Kissimmee FL 34758

(b) Chloisette Daniels
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

_____. FL _____

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.

Marc-Garcia Pierre-Louis
Signature of a member or authorized representative of a member

Marc-Garcia Pierre-Louis
Printed or typed name of signee

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

FILED
2023 JAN 26 PM 12:36
FALL ARMOON, FL 32069
SOUTH FLORIDA DEPT. OF STATE