

121000253961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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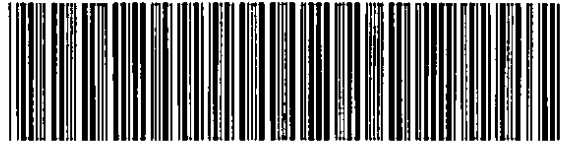
(Business Entity Name)

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DIVISION OF CORPORATIONS
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JUL 13 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ONE SOURCE HEALTH ENROLLMENTS LLC
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:

Aaron Sinko
Name of Person

One Source Health Enrollments, LLC
Firm/Company

6941 SW 196th Ave. Ste. 33
Address

Pembroke Pines - FL 33332
City/State and Zip Code

ASINCO@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aaron Sinko at (954) 448-5883
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 following 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.

1. Name of the limited liability company: ONE SOURCE HEALTH ENROLLMENTS, LLC
2. (a) 6941 SW 196th AVENUE
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Suite 33
Pembroke Pines - FL 33332
- (b) 6941 SW 196th AVENUE
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Suite 33
Pembroke Pines - FL 33332
3. 6-1-21
Date of filing/registration in Florida
4. L21000253961
Document number
5. (a) Patricia M Noriega
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
521 Lexington Ave
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
DAVE, FL 33325
- (b) AARON SINKO
Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Office Address:
6941 SW 196th Ave. Ste. 33
Pembroke Pines, FL 33332

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.

[Signature]
Signature of a member or authorized representative of a member

Patricia M. Noriega
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