

Florida Department of State
 Division of Corporations
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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.
 Account Number : I20090000081
 Phone : (307)200-2803
 Fax Number : (855)330-1010

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC REGISTERED AGENT CHANGE
911 FINANCIAL SOLUTIONS FINANCIAL HOSPITAL LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$25.00

2022 OCT 20 AM 10:54

SECRETARY OF STATE
 DIVISION OF CORPORATIONS

2022 OCT 20 PM 2:30

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Corporate Filing Menu

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OCT 20 2022
 K. Brumley

**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: 911 FINANCIAL SOLUTIONS FINANCIAL HOSPITAL LLC

2. (a) 7901 4th St N (b) 7901 4th St N

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

STE 300

STE 300

St. Petersburg FL 33702

St. Petersburg FL 33702

09/11/21

L21000336931

3. Date of filing/registration in Florida

4. Document number

5. (a) CHAKA L HUGHES

Registered Agent and Registered Office shown on the records of the Florida Dept. of State

1317 EDGEWATER DR.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SUITE 4911

ORLANDO, FL 32804

(b) Northwest Registered Agent LLC

Enter name of NEW Registered Agent and/or NEW Registered Office address:

7901 4th St N

NEW Registered Office Address:

STE 300

St. Petersburg, FL 33702

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TALLAHASSEE, FL
SECRETARY OF 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.



Signature of a member or authorized representative of a member

Morgan Noble

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.



Tom Glover - Assistant Secretary

Signature of Registered Agent