

Florida Department of State  
Division of Corporations  
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21000393368

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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.\*\*

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2023 JAN 23 PM 3:48  
LLC

LLC REGISTERED AGENT CHANGE  
CLINICA ARTESANA LLC

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

11/47/2023

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.

Name of the limited liability company: CLINICA ARTESANA LLC

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

7901 4th St N STE 300
St. Petersburg FL 33702

PO Box 17261
Plantation FL 33318

08/28/21 Date of filing/registration in Florida 4. L21000393368 Document number

(a) CERDAS, PRISCILLA
Registered Agent and Registered Office shown on the records of the Florida Dept. of State
701 SW 109TH AVE UNIT 33-302
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
PEMBROKE PINES, FL 33025

(b) Registered Agents Inc
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

19
2023 JAN 23 PM 3:48
LLC
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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after 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) were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member Robin Jones
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 merely to 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 of Registered Agent David Roberts - Assistant Secretary