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COVER LETTER

TO: Registration Section Division of Corporations					
ABSOLUTE CARE LLC					
SUBJECT:					
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.				
Please return all correspondence concerning this matte	er to the following:				
GERARDO A FOJO					
Name of Person					
ABSOLUTE CARE LLC					
Firm/Company					
12550 BISCAYNE BOULEVARD #800 - SUITE 40					
Address					
NORTH MIAMI, FLORIDA 33181					
City/State and Zip Code					
absolutecarehealth1@gmail.com					
E-mail address: (to be used for future annual rep	ort notification)				
For further information concerning this matter, please	call:				
GERARDO A FOJO	305 790-8953				
Name of Person at (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 amou	nt:				
■ \$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.

Nat	ABSOLUTE CARE			
(a) _	me of the limited liability company: 2550 BISCAYNE BOULEVARD # 800 - SUITE 40 NORTH MIAMI, FL 33181			550 BISCAYNE BOULEVARD ₱ 800 - SUTTE 40 NORTH MIAMI, FL 33181
.a) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	-	(0)_	Mailing address of limited liability company: (Note: MAY BE POST OF FICE BOX)
	10/13/2021	-	L21	1000447724
•	Date of filing/registration in Florida	4.		Document number
(a)				
ш,	Registered Agent and Registered Office shown on the records of the GERARDO A FOJO	e Flori	da Dep	
	Registered Office Address (MUST BE FLORIDA STREET AL) 1980 SOUTH OCEAN DRIVE #18F	DDRE	<u>SS)</u>	2023 DEC
	HALLANDALE BEACH 33	3180		
	GERARDO A FOJO			P 11 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
b) _	Enter name of NEW Registered Agent and/or NEW Registered O	Office	addres	: 12:
	NEW Registered Office Address: 19195 MY STIC POINTE DRIVE APT. 2901	_		
	AVENTURA 33	3181		
ge t w wei	mited liability company is not organized under the laws or changes are made, the Florida street address of the reill be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of eles of organization or the operating agreement of the liability and the street of the street of the liability and the street of the liability and the street of the stre	egiste ility the li mited	ered o compa mited I liabi	office and the business office of the registered pany, it is hereby confirmed that the change(s) dliability company or as otherwise provided it
nati	are of a member or authorized representative of a member	_		Printed or typed name of signee
isid blig erei	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe gations of my position as registered agent as provided f ly reflect a change in the registered office address, I hel in writing of this change.	erfori	nance	e of my duties, and I am familiar with and acc
atur	c of Registered Agent			