





# 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.

ABSOLUTE CARE LLC

1. Name of the limited liability company: \_\_\_\_\_  
12550 BISCAYNE BOULEVARD # 800 - SUITE 40 NORTH MIAMI, FL 33181 12550 BISCAYNE BOULEVARD # 800 - SUITE 40 NORTH MIAMI, FL 33181

2. (a) \_\_\_\_\_ (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)*

\_\_\_\_\_  
 \_\_\_\_\_

3. 10/13/2021 Date of filing/registration in Florida 4. L21000447724 Document number

5. (a) \_\_\_\_\_  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
 GERARDO A FOJO

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
 1980 SOUTH OCEAN DRIVE #18F  
 HALLANDALE BEACH 33180  
 \_\_\_\_\_, FL \_\_\_\_\_

GERARDO A FOJO

(b) \_\_\_\_\_  
 Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:  
 19195 MYSTIC POINTE DRIVE APT. 2901  
 AVENTURA 33181  
 \_\_\_\_\_, FL \_\_\_\_\_

REC'D  
 FILED  
 2023 DEC 27 PM 12:28  
 TALLAHASSEE, 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.

\_\_\_\_\_  
 Signature of a member or authorized representative of a member GERARDO A FOJO  
 \_\_\_\_\_  
 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 of Registered Agent