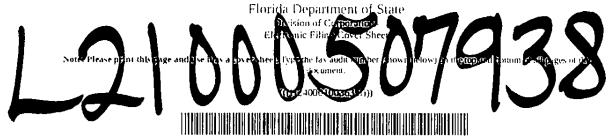
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Division of Corporations



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Fax Number (858)617-6283

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 128090000081 Phone : (307)200-2803 Far Number : (813)436-5206

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mail Address:\_\_\_\_\_\_

## LLC REGISTERED AGENT CHANGE ENTHUSE HEALTH, PLLC

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## 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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

L. Na	ame of the limited liability company. Enthuse Health PE	.LC					
2. (a)		(b)					
	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limite	ng address of limited liability company: one: MAY BE POST OFFICE BOX)			
	11/30/21	L21	000507938				
3.	Date of filing/registration in Florida	4.	Document number				
5. (a)	UNITED STATES CORPORATION AGENTS, INC.						
(	Registered Agent and Registered Office shown on the records of t						
	476 RIVERSIDE AVE.						
	Registered Office Address	(DDRESS)	<del></del>	. •	20.		
					51 8.11 MM	,	
	JACKSONVILLE	32202			;		
			<del></del>	· ·	UI	;	
(b)	Registered Agents Inc			- , -		. :	
	Enter name of NEW Registered Agent and/or NEW Registered	Office address	<u>s</u> :		<u>r</u>	-	
	7901 4th St N			٠,٠	31		
	NEW Registered Office Address:						
	STE 300						
	St. Petersburg	33702					
the cha agent v was/we the arti	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of teles of organization or the operating agreement of the	the registere bility comp f the limited	ed office and the business o any, it is hereby confirmed I liability company or as oth	ified of that the	the regis change(s	tered s)	
	ture of a member or authorized representative of a member	Robin Jo	nes				
		<del>_</del> ;	Printed or typed name	•			
provisi the obl to mere	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address. I have in writing of this change.  David Roberts - Assistant Se	ve to act in in nerformance I for in Chaj weechy confi.	this capacity. I further agre c of my duties, and I am fan pter 605, F.S. Or, if this do rm that the limited liability	te to con uliar wit cument i company	iply with th and ac 's being v has bee	h the ecept filed en	
404 ( J-6	David Roberts - Assistant Se	cretary					

Signature of Registered Agent