

To: 2/3/25, 7:50 AM

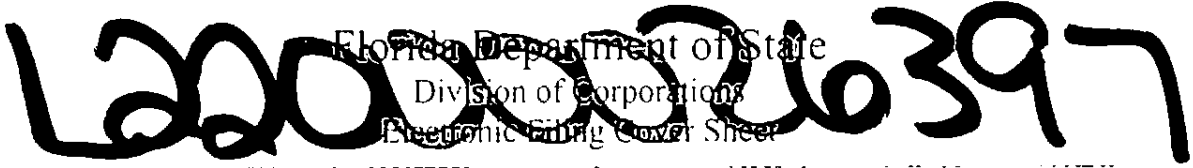
Page: 2 of 4

2025-02-03 05:53:14 PST

LegalZoom.com, Inc.

From: Sylvia Pauli

Division of Corporations



**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

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

From:

Account Name : LEGALZOOM.COM INC.  
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Phone : (323)962-8600  
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**\*\*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  
HEALTH FINANCIAL ENTERPRISE LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

FILED  
2025 FEB -3 AM 9:04  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HEALTH FINANCIAL ENTERPRISE LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Erik Treutlein

Name of Person

Legalzoom.com, Inc.

Firm/Company

9900 Spectrum Dr

Address

Austin, TX 78717

City/State and Zip Code

salomehanes@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erik Treutlein

at ( 800 ) 773-0888 ext 9724

Name of Person

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$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.

## HEALTH FINANCIAL ENTERPRISE LLC

1. Name of the limited liability company: \_\_\_\_\_

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

6147 CLIFF HOUSE LN.

RIVERVIEW, FL 33578

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

6147 CLIFF HOUSE LN.

RIVERVIEW, FL 33578

01/12/2022

L22000026397

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

United States Corporation Agents, Inc.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

6147 CLIFF HOUSE LN.

RIVERVIEW, FL 33578

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

UNITED STATES CORPORATION AGENTS, INC.

NEW Registered Office Address:

476 Riverside Ave.

Jacksonville, FL 32202

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.

/s/ Salome Hanes

Salome Hanes

Signature of a member or authorized representative of a member

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.

*Erik Treutlein*  
Signature of Registered Agent

Erik Treutlein, ASSISTANT SECRETARY, UNITED STATES CORPORATION AGENTS, INC.

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

FILED  
2025 FEB -3 AM 9:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA