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| (Re | questor's Name) | | | | | |
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| (Ad | (Address) | | | | | |
| (Ad | (Address) | | | | | |
| (Cit | y/State/Zip/Phone #) | | | | | |
| PICK-UP | MAIL MAIL | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies | Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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| | | | | | | |
| J. HORNE | | | | | | |
| DEC - 6 2024 | | | | | | |

Office Use Only



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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850: 656-4724

| OCUMENT NUMB | ED | |
|-------------------|-----------------------|--|
| OCUMENT NUMB | EK | |
| | **PLEASE FILE | THE ATTACHED AND RETURN** |
| (XXXXXXXX | Plain Copy | |
| | Certified Copy | |
| | Certificate of Status | |
| | | |
| | **PLEASE OBTAIN THE | E FOLLOWING FOR THE ABOVE ENTITY** |
| | Certified Copy of Ar | ts & Amendments |
| | | ts & Amendments Complete File (Inclading Annual Reports) |
| | Certificate of Status | |
| | Certificate of Status | Reflecting: |
| | | |
| | **APOSTILLE' | / NOTARIAL CERTIFICATION** |
| OUNTRY OF DESTII | NATION | |
| NUMBER OF CERTIFI | ICATES REQUESTED | |
| | | |

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.

| 1. Na | une of the limited liability company: MSPB CARE | ABO | JT AGGREC | SATOR, LLC |
|---|--|--|---|--|
| | 7593 W. BOYNTON BEACH BLVD., SUITE Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) BOYNTON BEACH, FL 33437 | N. BOYNTON BEACH BLVD., SUITE 220 (b) 7593 V rincipal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | |
| 3. 5. (a) | 01/25/2022 Date of filing/registration in Florida Casey Waters | - 4. | L2200002 I | 8170 Document number |
| o. (u) | Registered Agent and Registered Office shown on the records of a 7593 W. BOYNTON BEACH BLVD., SUITE Registered Office Address (MUST BE FLORIDA STREET) | | | |
| (b) | BOYNTON BEACH , FL 33437 United Corporate Services, Inc. Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | FILED 2024 JAN -3 PH 12: 21 |
| | 3458 Lakeshore Drive NEW Registered Office Address: | | | .21 |
| | Tallahassee, FL | 32312 | | |
| change agent v was/we | imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- cre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the | registe ibility of the la | ered office and company, it is imited liability | the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in |
| | laudia Honan, Esq | | Claudia Hor | |
| I here provisi the obl to mere notified | ture of a member or authorized representative of a member by accept the appointment as registered agent and agra ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. I have in writing of this change. Signal A. Barr, President Te of Registered Agent | ee to a perfor I for in iereby | et in this cana | Printed or typed name of signee city. I further agree to comply with the ties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been |