

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.
Account Number : I20160000048
Phone : (800) 345-4647
Fax Number : (800) 432-3622

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**LLC REGISTERED AGENT CHANGE
EZRA HEALTH OF FLORIDA 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 liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the Limited Liability Company:

EZRA HEALTH OF FLORIDA PLLC

2. (a) 419 PARK AVENUE SOUTH SUITE 600

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)(b) 419 PARK AVENUE SOUTH SUITE 600


Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)NEW YORK, NY 10016NEW YORK, NY 1001601/24/20223. Date of filing/registration in FloridaL220000761094. Document number5. (a) CAPITOL SERVICES

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

155 OFFICE PLAZA DRIVE SUITE ARegistered Office Address (MUST BE FLORIDA STREET ADDRESS)TALLAHASSEE, FL 32301(b) Capitol Corporate Services, Inc.Enter name of NEW Registered Agent and/or NEW Registered Office address:515 East Park Avenue 2nd FlNEW Registered Office Address:Tallahassee, FL 32301

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
Michael Chen

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

Brian Radecki, Assistant Secretary on
 behalf of Capitol Corporate Services, Inc.

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
 FILING FEE: \$25.00

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