Elerida Department of State Privision of Gorporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

**Enter the email address for this business entity to be used for future only one email address please.

≘mail Address:____

LLC REGISTERED AGENT CHANGE **BODHI BENEFITS LLC**

Certificate of Status	0
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Page Count	02
Estimated Charge	\$25,00

FEB 2 7 2024

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.

I. Na	ime of the limited liability company: Bodhi Benefits I	LLC		
2. (a)	35250 SW 177th CT #78		(b) 35250 S	W 177th CT #78
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		<u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Florida City, FL 33034		Florida (City, FL 33034
	02/17/2022		1,2200007	8848
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	LEGALINC CORPORATE SERVICES INC.			
	Registered Agent and Registered Office shown on the records o 476 Riverside Ave.	f the Flo	rida Dept, of St	ate:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			2024 F SECI
(0)	Jacksonville , F	L_3220.	2	2024 FEB 26 AM 10 SECHLAHASSEE
	() = 1 = 1 = 1			
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			AM 10: 47
	801 US Highway 1			一 <u></u>
	NEW Registered Office Address:			
	North Palm Beach	33408 L	3	
change igent v was/we	imited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li cre authorized by an affirmative vote of the members cles of organization or the operating agreement of the Kristen Espinales	e regist iability of the l c limite	ered office a company, it limited liabil d liability co	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in mpany.
Simo	ure of a member or authorized representative of a member		cristen Espina	Printed or typed name of signee
I herel provisi he obli o mere	we of a member of authorized representative of a member by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide Iv reflect a change in the registered office address, I I in writing of this change.	ree to o perfoi ed for it hereby	uct in this cap mance of my n Chapter 60 confirm that	pacity I further agree to comply with the
	Kristen Espinales Kristen Espinales. Special Secretary			
Signatui	re of Registered Agent			