

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L22000124879

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To:

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

From:

Account Name : INC AUTHORITY, LLC
Account Number : I202400000004
Phone : (775)329-7721
Fax Number : (775)376-9207

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

Email Address: drtanyaclarke@gmail.com

**LLC REGISTERED AGENT CHANGE
METAHEALTH NETWORK LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
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RECEIVED

2024 MAY -3 PM 2:54

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2024 MAY -3 PM 3:01

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: METAHEALTH NETWORK LLC

2. (a)

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b)

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

03/11/22

3.

Date of filing/registration in Florida

L22000124879

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)

475 RIVERSIDE AVE

JACKSONVILLE, FL 32202

(b)

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

Inc Authority RA

NEW Registered Office Address:

390 North Orange Ave., Ste 2300-N

Orlando

FL 32801

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

Tanya R Clarke

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

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

FILING FEE: \$25.00

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