

L22000161524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

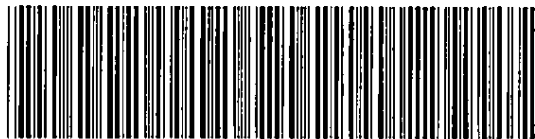
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500386375055

FILED

2022 APR 26 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2022 APR 26 PM 1:47
CLERK'S OFFICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

cf 4/27/2022

FLORIDA FILING & SEARCH SERVICES, INC.
P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 4/26/2022

NAME: NORTH-STAR CARE OF FLORIDA, LLC

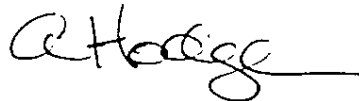
TYPE OF FILING: CHANGE OF AGENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NORTH-STAR CARE OF FLORIDA, 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:

Perri Melnick

Name of Person

Outside GC CA LLP

Firm/Company

501 Boylston St 10th Fl.

Address

Boston MA 02116

City/State and Zip Code

orders@velawcityinc.com

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

For further information concerning this matter, please call:

Stephen Zagami

508

310-1001

at {

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

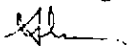
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

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.

1. Name of the limited liability company: NORTH-STAR CARE OF FLORIDA, LLC
2. (a) 4016 52ND AVE CT NW
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
GIG HARBOR, WA 98335
- (b) 4016 52ND AVE CT NW
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
GIG HARBOR, WA 98335
3. 4/15/2022 Date of filing/registration in Florida
4. L22000161524 Document number
5. (a) NRAI SERVICES, INC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1200 SOUTH PINE ISLAND ROAD
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
PLANTATION, FL 33324
- (b) Louis Pompeo
Enter name of NEW Registered Agent and/or NEW Registered Office address:
6570 Waverly Lane
NEW Registered Office Address:
Lake Worth, FL 33467

FILED
2022 APR 26 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FL

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

Amanda Wilson

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.

Louis Pompeo
Signature of Registered Agent