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COVER LETTER

TO: Registration Section Division of Corporations	V *	
SUBJECT: Basic Health PLL Name of Limited Lie	ability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and t	ee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the for	ollowing:	
Katherina Basic Name of Person Basic Health PLLC Firm/Company		
23110 SR 54 # 177 Address	_	
Lutz, FL 33549 City/State and Zip Code	2022 J	
E-mail address: (to be used for future annual report notific	ion_ 5	
For further information concerning this matter, please call:	/ 00 0 111 0	
Katherina Basic at (813) 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:		
N \$25 Filing Fee	5 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.

L Na	ance of the limited liability company: $Ba SI$	c. H	lealth	PLLC		
	23110 SR 54 # 177			SR 54 =	# 175	7
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)_	Mailing	address of limited lie : MAY BE POST O	ability compa	ny:
	Lutz, FL 33549		Lutz	, FL 33	3549	
	April 22, 2022 Date of filing/registration in Florida		Laa	000 192	847	
3.		4.	Docu	ment number		
5. (a)	Katherina Basic					
	Registered Agent and Registered Office shown on the records of t	the Florida Do	ept. of State:			
	Kathenina Basic					
	Registered Office Address (MUST BE FLORIDA STREET A					
	2772 SW 118th Terrac	w_	-			
	<u>Gainesville</u> FL	326	08			
(b)	Katherina Basic			. •	202	
. ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addre	<u>•55</u> ;	•	7 1	F
	> 1/ 11				1 1	•
	NEW Registered Office Address:				(C)	
	23110 SR 54 #1	<i> </i>				•
	Lutz FL	335	149		9	
change agent v was/wo	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 lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	registered of bility comp f the limite	office and the boany, it is hereb d liability comp	ousiness office of by confirmed that pany or as otherw	the register the change	ed (s)
			Kathe	NO BUST d or typed name of si		
	dre of a pemper or authorized representative of a member				-	
I herel provision the oblition to mere notified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have riting of this change.	re to act in performanc I för in Cha ereby confi	this capacity, se of my duties, pter 605, F.S. irm that the lim	I further agree to and I am Jamilia. Or, if this docum ited liability com	comply with and a ent is being pany has be	th the accept g filed een
Signatur	te of Registered Agent					