Florida Department of State

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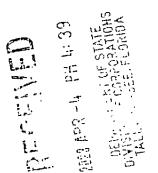
From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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C23	Addrage			



LLC REGISTERED AGENT CHANGE KCHM THERAPEUTIC SERVICES, 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.

I. Na	me of the limited liability company: KCHM	1 Thera	peutic	Services, I	PLLC	
2. (a)			(b)			
	Principal office address of limited liability company (Nate: MUST BE STREET ADDRESS)	y:		Mailing address of him (Note: MAY BE Po	•	•
	7901 4th St N STE 300		7901 4th St N STE 300			,
	St. Petersburg FL 33702			ersburg FL 3370		.

	05/05/2022	· ·····	L2200	00212760		
3.	Date of filing/registration in Florida	4.		Document number	er	
5. (a)	UNITED STATES CORPORATION	V AGEN	TS, INC.			
	Registered Agent and Registered Office shown on the recor	rds of the Flori	da Dept. of Sta			
	Registered Office Address (MUST BE FLORIDA STR.	EET ADDRE.	<u>SS)</u>	_		
	476 RIVERSIDE AVE.					
	JACKSONVILLE	. FL 3220)2	_	202	
				•••	2023 APR	,
(b)	Northwest Registered Ager	nt LLC		_	ž Ž	
	Enter name of NEW Registered Agent and/or NEW Regis	stered Office a	iddress:		Ť.	匠盆
	7901 4th St N				AM 7	آ رس
	NEW Registered Office Address:				7: 0'	
	STE 300			_	9	
	St. Petersburg	_, FL_3370)2	_		
the cha agent v was/we the arti	imited liability company is not organized under thange or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limit ere authorized by an affirmative vote of the membels of organization or the operating agreement of the member of a member of a member.	ess of the regred liability overs of the limited from the limited N	gistered offic company, it mited liabili I liability col at Smith	te and the business is hereby confirme ty company or as ompany. Printed or typed nan	s office of the reg ed that the chango otherwise provide me of signee	gistered e(s) ed in
provisi the oblito mere	by accept the appointment as registered agent an ons of all statutes relative to the proper and compigations of my position as registered agent as properly reflect a change in the registered office address in writing of this change.	plete perfor wided for ir ss, I hereby	mance of my Chapter 60 confirm that	pacity. I further ag duties, and I am fo 5, F.S. Or, if this o the limited liabilit	gree to comply w amiliar with and document is bein ty company has l	ith the accept g filed been
~ / /~	Taylor Newman - Assi	stant Seci	etary			

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

Signature of Registered Agent