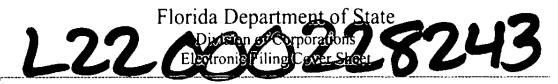
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000232934 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

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

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

Email Address:

LLC REGISTERED AGENT CHANGE **ELITE PROVIDERS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

JUL 1 0 2024 K. Brumbley 9-JuL-2024 14:17 - 15612148442 p.16

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	ame of the limited liability company: Elite Providers 1	LLC			
2. (a)	1525 S Fiske BLVD		(b) 1525 S F	iske BLVD	
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	05/16/2022		 L22000228	3243	
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 Flor	ida Dept, of Sta	ate:	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u>(\$.5)</u>	_	
	Jacksonville, F	L 32202		- 2	
(b)	Corporate Creations Network Inc.			AP APP APP APP APP APP APP APP APP APP	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office	address:		
	801 US Highway 1			LED SSECO	
	NEW Registered Office Address:			- FR 0857	
	North Palm Beach, F	L33408		_	

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.

Espinal	

Kristen Espinales, Attorney-in-Fact

Signature of a member or authorized representative of a member

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.

Kristen Espinales

Kristen Espinales, Special Secretary

Signature of Registered Agent