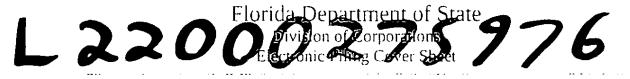
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803 Fax Number : (813)436-5206

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

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LLC REGISTERED AGENT RESIGNATION FLEX HEALTH SOLUTIONS, LLC

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2/13/2024 18 43 30 PST

To 18506176383

Page; 2/2

From: Registered Agents Inc.

Fax: 8134365206

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section (605,0115. Florida Statutes, the undersign	ed,
REGISTERED AGENTS, INC	, her	eby resigns as
Name of Regist		
Registered Agent for FLEX HEALTH S	OLUTIONS, LLC	
Nan	ne of Limited Liability Company	·
L22000275976		
Document Number, if known		
A copy of this resignation was mailed	to the above listed limited liability comp	any at its last known address.
The agency is terminated and the office	ce discontinued on the 31st day after the o	date on which this statement is filed.
	Dalid Cort's Signature of Resigning Agent	2024 FEB 14 AH
If signing on behalf of an entity:		AHASS
	Typed or Printed Name	AM 9:54
	Capacity	

FILING FEES:

\$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314