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LLC REGISTERED AGENT CHANGE FLEX HEALTH SOLUTIONS, LLC

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K. SALY FEB 2 0 2024

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. Na	ame of the limited liability company: FLEX HEALT	H SOLUTIONS, LLC			
2. (a)	110 E BROWARD BLVD, STE 1700	(b) 110 E BROV	(b) 110 E BROWARD BLVD, STE 1700 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) FT LAUDERDALE, FL 33301		
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Ma			
	FT LAUDERDALE, FL 33301	FT LAUDER			
	6/16/2022		5		
3. 5. (a)	Date of filing/registration in Florida REGISTERED AGENTS, INC.	4. D	ocument number		
, (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 7901 4TH STREET N, STE 300				
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)			
	ST. PETERSBURG	FL_33702	2024 TALL		
(b)	GY CORPORATE SERVICES, INC.		AH TEB		
	Enter name of NEW Registered Agent and/or NEW Registered Office address:		19 19		
	777 S Flagler Drive, Suite 500E		P. P. C		
	NEW Registered Office Address:		FEB 19 PM 4: 04 LAHASSEC, FLORIO/		
	West Palm Beach	FL_33401			
hange igent v was/we he arti	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member cles of organization or the operating agreement of the properties.	the registered office and the liability company, it is heard to softhe limited liability company.	the business office of the registered ereby confirmed that the change(s) company or as otherwise provided in		
	ephan Jolly ture of a member or authorized representative of a member	Stephan Jolly P	rinted or typed name of signee		
I herel provisi the obli to mere	by accept the appointment as registered agent and a cons of all statutes relative to the proper and completing at the state of the proper address, in the registered office address, in the state of the state of the proper address, in the proper address, in the state of the proper address, in the state of the proper address, in the proper address and the state of the proper address.	igree to act in this capaci te performance of my du	ity. I further agree to comply with the ties, and I am familiar with and accept		
/s/ Melan Signatur	nie B. Stocks re of Registered Agent 3. Stocks, Asst. Secretary				

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