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PICK-UP	MAIT	MAIL.
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Certified Copies	Certificates of Status	
Special Instructions to Fil	ling Officer:	

Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: EKGs On One Page, LLC Name of Corporation	
DOCUMENT NUMBER: 1.22000276627	
The enclosed Statement of Change of Registe	ered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Judith Myette	
Name of Contact Person	
EKGs On One Page	
Firm/Company	
946 Kings Blvd	
Address	
Sun City Center, FL	
City/State and Zip Code	
judy.myette@gmail.com	
E-mail address: (to be used for future ann	nual report notification)
,	2
	ご (へ) (~)
For further information concerning this matter	er, please call:
Judith Myette	413 222-7438 1
Name of Contact Person	at (413)222-7438 1 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to	the Department of State. $\sqrt{\frac{4}{2355}}$ $\frac{6}{30}$ $\frac{30}{2022}$ $\frac{2022}{2022}$
	7 / 2
	·, •
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	ange is submitted for a corporation o	7,0502, 607,1508, or 617,1508, Florida Statutes, thiographical under the laws of the State of Florida	<i>is</i>
		egistered agent, or both, in the State of Florida.	
1. The name of	the corporation; EKGs On One Page,	LLC	
2. The principal	office address: 946 Kings Blvd., Sun	City Center, FL 33573	
4. Date of incor	e of incorporation/qualification: 6/18/22 Document number: 1.22000276627		
	d street address of the current registe rtment of State: (If resigned, enter re	ered agent and registered office on file with the esigned)	
	UNITED STATES CORPORATION	I AGENTS, INC.	
	5575 S. SEMORAN BLVD.SUITE 3	16	
	ORLANDO, FL 32822		
6. The name an (if changed):	d street address of the new registered	d agent (if changed) and /or registered office	
	Judith Myette		23
	946 Kings Blvd	<u>.</u>)22 J
	P	O. Box NOT acceptable	[73
	Sun City Center, FL 33573	<u> </u>	C)
The street addr as changed wil	ess of its registered office and the s I be identical.	street address of the business office of its registere	d agant.
Such change wauthorized by t	\sim	lopted by its board of directors or by an officer so en notified in writing of the change.	: 25
1. 111/11		Judith Myette	
y .	ire of an officer or director	Printed or typed name and title	
I further agree of my duties, a document is be	to comply with the provisions of al	nt and agree to act in this capacity. I statutes relative to the proper and complete perf e obligation of my position as registered agent. (c) in the registered office address, I hereby confirm ange.	ormance)r_if this that the
(Judi)	Mustle	6/30/22	
Si	gnature of Megistered Agent	Date	
If signing on b	chalf of an entity:		
	Fyped or Printed Name		

* * * FILING FEE: \$35.00 * * *