Florida Department of S Division of Comparations Rectroffic Filing Gover Sheet

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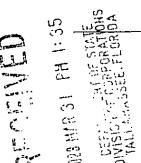
From:

Account Name : REGISTERED AGENTS INC.

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

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LLC REGISTERED AGENT CHANGE EMAIRE HEALTH CARROLLWOOD LLC

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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.

L. Na	ame of the limited liability company: Emai	ire Health	Carro	ollwood LLC	<u> </u>		
2. (a)		(b)				
, ,	Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)			Mailing address of limite (Note: MAY BE POS			•
	7901 4th St N STE 300		7901 4	th St N STE 3	00		
	St. Petersburg FL 33702		St. Pete	rsburg FL 33702			
	08/15/2022		1 22	000357255			
3.	Date of filing/registration in Florida	4.	LZZ	Document number			
5. (a)	ATCAUSE LAW OFFICE, PLLC Registered Agent and Registered Office shown on the re-	souds of the Election	Dent of Star	-			
		cords of the Frontia	tzem. vi stat	. .			
	131 N GARDEN AVE	THEFT ADDEDE		-			
	Registered Office Address (MUST BE FLORIDA ST	IREEI ADDRESS	1				
				-			
	CLEARWATER	, FL 337	55				
				-		2(
(b)	Registered Agents Inc			_	•	123	
	Enter name of NEW Registered Agent and/or NEW Re	egistered Office add	<u>tress</u> ;		•	i AR	=
	7901 4th St N				-	2023 HAR 31 FH	
	NEW Registered Office Address:			_		===	`
	STE 300					$\ddot{5}$	
	St. Petersburg	, _{FL} 33702)	-		4	
10.1 11		-1 1 5.1	C	-	د-		c.
	imited liability company is not organized under inge or changes are made, the Florida street add						
agent v	vill be identical. Or, in the case of a Florida linere authorized by an affirmative vote of the mer	nited liability co mbers of the lim	mpany, it is ited liabilit	s hereby confirmed y company or as oth	that the	chang	ge(s)
the arti	cles of organization or the operating agreement	t of the limited l	•	. ,			
Siana	ture of a member or authorized representative of a membe	<u> </u>	F	Robin Jones Printed or typed name	of Signee		
ŭ	•		in this was				oirh des
provisi	by accept the appointment as registered agent cons of all statutes relative to the proper and conjugations of my position as registered agent as pely reflect a change in the registered office add	mplete performa	ince of my i	duties, and I am fan	ullar w	ith and	d accept

Signature of Registered Agent

natified in writing of this change.

wid bests
Da

David Roberts - Assistant Secretary