## 122000375952

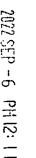
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(Ĉity	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Doc	cument Number)	)
Certified Copies	Certificate	s of Status
Special Instructions to F	Filing Officer:	

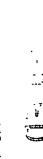
Office Use Only



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	COVER	LETTER				•
TO: Registration Section Division of Corporations		•	•	: - •		
Beachside Primary Care LLC SUBJECT:						
	me of Limited I	Liability Company				
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Of	fice Change and	I fcc(s) are submitted	for filing.			
Please return all correspondence concerning th	his matter to the	following:				
Deborah Ghandour						
Name of Person						
Beachside Primary Care LLC						
Firm/Company					2022	- 574
1825B 3rd St N					2022 SEP -	الما الماء الماء
Address					O١	6
Jacksonville Beach, FL 32250				-	PH 12: 11	
City/State and Zip Code		<del></del>		<u>-i .</u>		
ghandour@comeast.net						
E-mail address: (to be used for future an	nual report noti	fication)				
For further information concerning this matter	r, please call:					
Deborah Ghandour	904 at (	6992620				
Name of Person	··· (	Area Code & Day	time Telephon	e Number		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassec, FL	ction porations allahassec c Street, Suite	810		
Enclosed is a check for the following	g amount:					
<b>■ \$25</b> Filing Fee		S55 Filing Fee & Cert	ified Copy			

## 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.

I. Na	ame of the limited liability company: Beachside Pri	mary Cai	e LLC				
` '	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of (Note: MAY B)	f limited liab	ility com	pany:
	1825B 3rd St N		1825B 3re	d St N			
	Jacksonville Beach, FL 32250		Jacksonvi	ille Beach, FL 321	250		
	08/20/22		L22000375	9952			
3.	Date of filing/registration in Florida	4.		Document nur	nber		
5. (a)							
). (a)	Registered Agent and Registered Office shown on the records of DeborahGhandour	the Florie	da Dept. of Sta	ate:			
	Registered Office Address (MUST BE FLORIDA STREET) 1581 Atlantic Blvd	ADDRES	<u>:S)</u>	_			
	Neptune Beach	32266 L_		_	:	2022 SEP	
41.5				<del></del>	1_	SEP -	
(b)	Euter name of NEW Registered Agent and/or NEW Registered	d Office a	ddress:			-6-	. <del>7</del> 1
	Deborah Ghandour				- - - -	P# 12:	
	NEW Registered Office Address:			_	, · <del>··</del> -	_	
	1825B 3rd St N			_			
	Jacksonville Beach	L					
change agent v was/wa the arti	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members color of organization or the operating agreement of the law flow.	ws of the registe lability of the line limited	red office ar ompany, it nited liabili	nd the business of is hereby confinity company or a mpany.	office of the med that the office of the off	ne regis he chan se provi	tered gc(s)
I here provisi the obl to merc	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete ignions of my position as registered agent as provide the registered office address, I fin triling of this change.	ree to ac perforn ed for in hereby c	t in this cap nance of my Chapter 60, confirm that	pacity I further	asree to c	:omolv	with the d accept ing filed been