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Division of Corporations



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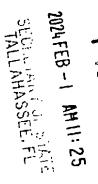
From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number

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2/1/2024 08:49:26 PST . . To: 18506176383 Page: 2/2 From: Registered Agents Inc Fax: 81343652

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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Robin Jones Printed or typed name of signee	1. Na	ame of the limited liability company: Max Performan	nce Therapy, PLLC	
Principal office address of limited liability company: (Nate: MUST BESTREET ADDRESS) Date of filling/registration in Florida Jocument number Liability company: (Nate: MAY BE POST OFFICE BOX) Document number Jocument number Mailing address of limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that afte the change or changes are made, the Florida street address of the registered office and the business of the registered united liability company, it is hereby confirmed that the changes or an address of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Registates of organization or the operating agreement of the limited liability company. Registates of organization or the operating agreement of the limited liability company. Registates of organization or the operating agreement of the limited liability company. Printed or typed nome of squee to comply with provisions of all statuties relative to the proper and complete performance of my duties, and I am familiar with and agree to otherwises of all statuties relative to the proper and complete performance of my duties, and I am familiar with and agree to otherwise of all statuties relative to the proper and complete performance of my duties, and I am familiar with and agree to otherwise of the address. I hereby confirm that the limited liability company has been intended in writing of this change.	2. (a)		(b)	
3. Date of filing/registration in Florida 4. Document number 5. (a) UNITED STATES CORPORATION AGENTS, INC. Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address				Mailing address of limited liability company:
St. Petersburg St. Petersburg St. Petersburg St. Petersburg Fl. 33702 If the limited liability company is not organized under the laws of the registered office and the business office of the registagent will be identical. Or, in the case of a Florida limited liability company or as otherwise provided it he articles of organization or the operating agreement of the limited liability company or as otherwise provided it he articles of organization or the operating agreement of the limited liability company. Repistered Office Address: STE 300 St. Petersburg Fl. 33702 If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registagent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the changets was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided it the articles of organization or the operating agreement of the limited liability company. Robin Jones Signature of a member of authorized representative of a member Printed or typed manic of signee Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relative to the proper and complete performance of my duties, and I am lamiliar with and accept with or bligations of my position as registered agent as provided from in Chapter 603, F.S. Or, if this document is being for to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been another than the changes in the registered office address. Thereby confirm that the limited liability company has been another than the change in the registered office address. Thereby confirm that the limited liability company has been another than the changes.		09/27/22	L22000	418735
Registered Office Address Address Address Address Address Address	3.	Date of filing/registration in Florida	4.	Document number
Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address	5. (a)	UNITED STATES CORPORATION AGENTS, INC.		
Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registered Office address: 7901 4th St N NEW Registered Office Address STE 300 St. Petersburg FL. 33702 If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the regist agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the changets was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided the articles of organization or the operating agreement of the limited liability company. Robin Jones Signature of a member of authorized representative of a member Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and act the obligations of my position as registered agent as provided for in Chapter 605, F. S. Or, if this document is being for northed in writing of this change.			s of the Florida Dept. o	f State:
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ി mid X പ്രാസ്ത്ര David Roberts - Assistant Secretary	I here provisi the obl to mer notified	by accept the appointment as registered agent and eions of all statutes relative to the proper and completigations of my position as registered agent as provied reflect a change in the registered office address, d in writing of this change.	etc performance of ided for in Chapter , I herchy confirm	canacity. I further agree to comply with the
Signature of Registered Agent			t Secretary	