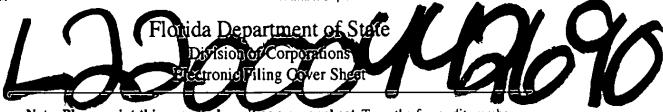
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## LLC REGISTERED AGENT CHANGE HEALING HANDS TOGETHER L.L.C.

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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.

1.	Na	me of the limited liability company: HEALING HAI	NDS TO	GETHER I	٠L.C.			
2	(a)	6023 WAKULLA SPRINGS RD.		(b) 6023 WAKULLA SPRINGS RD.				
	(=)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of limi (Note: MAY BE PO			_
		JACKSONVILLE, FL 32258	<del></del>	JACK	SONVILLE, FL 32258			
		10/13/2022		L22000	442690			
3.	(a)	Date of filing/registration in Florida LEGALINC CORPORATE SERVICES INC.	4.		Document number	r		
Э.	(a)	Registered Agent and Registered Office shown on the records of 476 Riverside Ave  Registered Office Address (MUST BE FLORIDA STREET)			State:			
					<del></del>	· 33	53 :	
,		Jacksonville , , ,	L_3220	2			ſŊ,	
	(b)	Corporate Creations Network Inc.					ت 	1 C
(0)		Enter name of NEW Registered Agent and/or NEW Register	ed Offic	address:			FII 12:	
		801 US Highway 1				•	٠ <u>٠</u> ت	
		NEW Registered Office Address:						
		North Palm Beach , F	L_3340	8				
ch: age	ange ent v s/we	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 are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	ne regis liability of the e limite	tered office company, limited lial ed liability	e and the business office it is hereby confirmed bility company or as of company.	ce of the reg that the cha	sistered ange(s)	
_	ime	Kristen Espinales ure of a member or authorized representative of a member	-	Cristen Espi	nates, Attorney-in-Fact Printed or typed name	a of sienee		
II pro the to	nerel oviși obl mere	by accept the appointment as registered agent and as ons of all statutes relative to the proper and complet igations of my position as registered agent as provid tly reflect a change in the registered office address, it I in writing of this change.	gree to e perfo ed for i hereb	act in this c rmance of i in Chapter y confirm ti	• •	•	y with the and acco seing file as been	he epi ed
Siz		risten Espinales Kristen Espinales, Special Secretary	1					