Florida <u>Department of State</u>

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email | Address: | | | |
|--------------|-----------|--|--|--|
| | AUUI ESS. | | | |

LLC REGISTERED AGENT CHANGE **BUCKLEAF HOME CARE LLC**

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$25.00 |

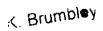


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NOV 0 9 2023



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

→ 18506176383

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.

LIMITED LIABILITY COMPANY

| (a) | 1860 SW Fountainview Blvd, Suite 85 | (b) | | | | |
|-------|---|-----------------------|--|----------|--------|--|
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | |
| | PORT SAINT LUCIE, FL 34986 | POF | RT SAINT LUCIE, FL 34986 | | | |
| | 10/27/2022 | L2200 | 0463249 | | | |
| | Date of filing/registration in Florida | 4, | Document number | | | |
| a) | LEGALINC CORPORATE SERVICES INC. | | | | | |
| | Registered Agent and Registered Office shown on the records | of State: | | | | |
| | 476 RIVERSIDE AVE | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREE | T ADDRESS) | *************************************** | | | |
| (b) _ | JACKSONVILLE | FL | | 2023 NOV | | |
| | CORPORATE CREATIONS NETWORK INC. | | V - 8 | FILE | | |
| | Enter name of NEW Registered Agent and/or NEW Register | | . 3 | [] C | | |
| | 801 US HIGHWAY 1 | - | 7: 45 | | | |
| | NEW Registered Office Address: | | | <u>5</u> | | |
| | NORTH PALM BEACH | FI 33408 | | | | |
| nge | | FLlaws of the State (| ce and the business office of | of the | regist | |
| we | re authorized by an affirmative vote of the members eles of organization or the operating agreement of the | s of the limited li | ability company or as other | | | |
| arti(| ries or organization of the operating agreement of the | ie mniteu nabint | у сопірапу. | | | |

Signature of a member of authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. notified in writing of this change.

Kristen Capinales KRISTEN ESPINALES, SPECIAL SECRETARY

Signature of Registered Agent