

Florida Department of State
Division of Corporations
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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

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**LLC REGISTERED AGENT CHANGE
PB HEALTHCARE CONSULTING LLC**

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SEP 26 2023

**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. Name of the limited liability company: PB HEALTHCARE CONSULTING LLC
2. (a) 3140 WASHINGTON RD
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
WEST PALM BEACH, FL 33405
- (b) 3140 WASHINGTON RD
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
WEST PALM BEACH, FL 33405
3. 11/01/2022 Date of filing/registration in Florida
4. L22000467401 Document number
5. (a) CAPITOL CORPORATE SERVICES, INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
515 E PARK AVENUE, FLOOR 2
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
TALLAHASSEE, FL 32301
- (b) Corporate Creations Network Inc.
Enter name of NEW Registered Agent and/or NEW Registered Office address:
801 US Highway 1
NEW Registered Office Address:
North Palm Beach, FL 33408

FILED
2023 SEP 18 AM 11:17
CLERK OF STATE
TALLAHASSEE, FL

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 registered 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.

Ashley Perkins

Signature of a member or authorized representative of a member

Ashley Perkins, Attorney-in-Fact

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.

Ashley Perkins, Special Secretary
Signature of Registered Agent

Ashley Perkins