L22000475203

(Requestor's Name)				
(Address)				
(Address)				
(City)State (Zin/Dhane th				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

	Registration Section Division of Corporations	·			
SUBJECT: SHC Treasure Coast LLC.					
	Name of Limited Liabil	ity Company			
Dear Sir	r or Madam:				
The encl	closed Registered Agent/Registered Office Change and f	ee(s) are submitted for filing.			
Please re	return all correspondence concerning this matter to the fe	ollowing:			
	Name of Person: Matt Gustafson				
Stll Treasure Coast LLC. Firm/Company: SHC Treasure Coast LLC.					
770 SE Indian St. Ste 14					
Address: 770 SE Indian St. Ste 14					
City/State and Zip Code: Stuart, FL 34997 Stuart, FL 34997					
E-mail address: (to be used for future annual report notification):					
mgustafson@safehomecare.com					
For further information concerning this matter, please call: 561-632-8449					
	at (561-632-84				
) Name of Person: Matt Gustafson Area Code & Daytime Telephone Number					
R D P	Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	egistration Section vivision of Corporations he Centre of Tallahassee 415 N. Monroe Street, Suite 810 allahassee, FL 32303			
Enclosed is a check for the following amount:					
(x)s	\$25 Filing Fee	iling Fee & Certified Copy			
INHS18 (2	(2/14)				

LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability submits the following statement in order to change its registered office or registered agent, or both, in the State

	ame of the limited liability company: SHC T		
2. (a)	770 SE Indian St. Ste 14 Principal office address of limited liability company:	(b)	+70 SE Indians
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability col
	Stuart, FL 34997		Sturrt, FL 340
770 SE Ind	ian St, Ste 14		
Stuart, FL	34997		
	11/4/2022		L2200047520.
3.	Date of filing/registration in Florida	4.	Document number
	11/4/2022		L22000475203
5. (a)	Registered Agent and Registered Office shown on the records of		
	Registered Agent and Registered Office shown on the records of	the Florida Dept.	of State:
D o	gistered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	
·		IIPPNEOQ1	
	STATES CORPORATION AGENTS, INC. EMORAN BLVD.		<u></u>
SUITE 36	EWORAN BLVD.		1-3
ORLANDO	D, FL 32822		
(b)	Enter name of NEW Registered Agent and/or NEW Registered	· · · · · · · · · · · · · · · · · · ·	THE PHIZ: I
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	95 n
	Matt Gustafson		# 7 N
	NEW Registered Office Address:		' <u> </u>
	770 SE Indian St, Ste 14		
	Stuart, FL 34997		
If the l	imited liability company is not organized under the law	ws of the State	of Florida, it is hereby confirmed the
change	e or changes are made, the Florida street address of the	registered of	fice and the business office of the
agent v	will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members	abinty compa of the limited l	liability company or as otherwise p
the art	icles of organization or the operating agreement of	the limited lia	ibility company.
4			Printed or typed name of signee
_	ture of a member or authorized representative of a member		••
I here provis the ob to mer notifie	by accept the appointment as registered agent and agi ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to act in th performance of d for in Chapt hereby confirt	is capacity. I further agree to composity of my duties, and I am familiar with a let 605, F.S. Or, if this document is a muthat the limited liability company
<u></u>	re of Registered Agent		
Signatu	IC OF INCRESICION PRECIN		