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T. LEMIEUX

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED &GENT 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. N	ame of the limited liability company: SUN STATE	CARE, LLC	
2. (a)		(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)
	02/13/2023		000079740
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	NC AUTHORITY RA Registered Agent and Registered Office shown on the records of 390 NORTH ORANGE AVE., STE 2300-N	the Florida Dept. (of State:
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	<u> </u>
	31	-	2023 6 2
(h)	ORLANDO , FI	. 32801	·
	Northwest Registered Agent LLC Enter name of NEW Registered Agent and/or NEW Registered 7901 4th St N NEW Registered Office Address:		25 PH 2:
	STE 300		
	St. Petersburg , Fi	.33702	
the ch agent was/w	limited liability company is not organized under the la lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li rere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	f the registered iability compan of the limited li	office and the business office of the registere iy, it is hereby confirmed that the change(s) iability company or as otherwise provided in
11	W Swith	Nat Smi	
-	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to me	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address. I ged in writing of this change.	ree to act in the e performance of ed for in Chapte hereby confirm	is capacity. I further agree to comply with th of my duties, and I am familiar with and acce er 605, F.S. Or, if this document is being file a that the limited liability company has been
Xignii	Taylor Newman - Assistant Secretar	ry	

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00