L23000168551

(Requestor's Name)						
(Address)						
(15-15-2)						
(Address)						
(City/State/Zip/Phone #)						
(Ottyrolaterzijon Hone wy						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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10/10/24--01019--006 **25.00

2024 OCT 10 PM 3: 00 SEURETAN (SEE A)

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	JH Anesthesia Services, LLC			
		lame of Limited 1	Liability Company	
Dear Si	r or Madam:			
The en	closed Registered Agent/Registered C	Office Change and	d fec(s) are submitted for fi	ling.
	return all correspondence concerning	J	, ,	3
I lease	eturi aii correspondence concerning	uns matter to the	ionowing.	
Jennifer	A. Huddlestun			
<u> =</u>	Name of Person			
ЈН Апе	sthesia Services, LLC			
	Firm/Company			
15928 V	Vhite Street Unit 308			.a. 26
	Address	 		DZH OG SECR
Charlot	e, NC 28278			2021, OCT 10 SECRETARY
	City/State and Zip Code			200
j.huddle	stun@gmail.com			PM 3: 00
E	mail address: (to be used for future a	ınnual report noti	fication)	00
For fur	ther information concerning this matter	er, please call:		
Jennifer	A. Huddlestun	305	815-8907	
	Name of Person	at (Area Code & Daytime	Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporat The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	assee eet, Suite 810
	Enclosed is a check for the following	ng amount:		
	■ \$25 Filing Fee	 5	555 Filing Fee & Certified	Сору

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	ame of the limited liability company: JH Anesthesia Serv	ices,	Ш	С	
2. (a)	Jennifer A. Huddlestun		(b)	Jennifer A.	Huddlestun
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	870 N. Cocoa Blvd #6			15928 Whit	e Street Unit 308
	Cocoa, FL 32922	_		Charlotte, N	IC 28278
	04/04/2023		ļ	1.2300016855	51
3.	Date of filing/registration in Florida	4.	-	i	Document number
5. (a)	Jennifer A. Huddlestun				
`,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State Jennifer A. Huddlestun Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
(b)	3870 Alan Shepard Ave				
	Cocoa , FL	32926	<u> </u>		20 S
	Jennifer A. Huddlestun				2024 OCT 10 1 SEGRETARY
	Enter name of NEW Registered Agent and/or NEW Registered (Office	add	lress:	NAR O
	Jennifer A. Huddlestun				PH 3:
	NEW Registered Office Address:				20 0 St. 20 St.
	870 N. Cocoa Blvd #6				THE O
	Cocoa, FL_3	32922	<u>:</u>		
change agent v was/we	imited liability company is not organized under the laws or changes are made, the Florida street address of the rivill be identical. On in the case of a Florida limited liab ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	egist oility the l imite	ered cor limi d li	d office and mpany, it is ited liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
Signa	ture of a nember or authorized representative of a member	_	-11111		Printed or typed name of signee
I herei provisi the obl to mere notified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address. I he d in writing of this change.	e to c erfor for it ereby	act rma n Ci r coi	in this capa nce of my d hapter 605, nfirm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
<i>-</i> -⊌.m.u	Division of Corporations P.O. B	ox 63	327	• Tallahass	see, FL 32314

FILING FEE: \$25.00