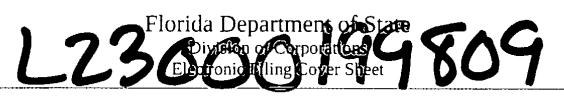
Division of Corporations



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LLC REGISTERED AGENT CHANGE ELITE ADVANCE PRACTICE CARE, PLLC

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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. 1	Tame of the limited liability company: ELITE ADVANC	E PRAC	TICE CARE, PLLC
2. (a	7901 4TH ST N STE 300	(b) 7901 4TH ST N STE 300	
- (Principal office address of limited fiability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	ST. PETERSBURG, FL 33702		ST. PETERSBURG, FL 33702
	04/24/2023		L23000199809
3.	Date of filing/registration in Florida	4.	Document number
5. (8	UNITED STATES CORPORATION AGENTS, INC.		
J. (.	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET A	<u>)</u>	
	JACKSONVILLE FL	32202	
(b	REGISTERED AGENTS INC		dress:
	Enter name of NEW Registered Agent and/or NEW Registered	iress:	
	7901 4TH ST N		2 PII
	NEW Registered Office Address:		<u>ب</u>
	STE 300		
	ST. PETERSBURG , FL	33702	
changagent was/vithe at Sign I her provide to me notification.	limited liability company is not organized under the law the or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liawere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the sature of a member or authorized representative of a member and agreement of all statutes relative to the proper and complete religious of my position as registered agent as provided rely reflect a change in the registered office address, I had in writing of this change.	registered ability confirmated I Rob	d office and the business office of the registered mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in liability company. In Jones Printed or typed name of signee In this canacity. I further agree to comply with the
Signa	ure of Registered Agent		