L23000228911

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

Office Use Only



800424291938

2024 FEB 26 AM 9: 05 FILED

RECEIVED

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com

FROM Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 02/26/2024

850-245-6051

PRIORITY Routine

OUR REF # (Order ID#) Rhonda

ORDER ENTITY

MELIORA HEALTHCARE CONCIERGE LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

MELIORA HEALTHCARE CONCIERGE LLC

Please file the attached change of agent filing.

NOTES:

\$25.00 Authorized

Email address for annual report reminders: radiv@incserv.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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.

(a)		(t)
- (-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)
	708 GOODLETTE-FRANK RD, 2ND FLOOR		708 GOODLETTE-FRANK RD, 2ND FLOOR
	NAPLES, FL 34102		NAPLES, FL 34102
	05/09/2023		1.23000228911
	Date of filing/registration in Florida	4.	Document number
40	REPUBLIC REGISTERED AGENT LLC		
5. (a) (b)	Registered Agent and Registered Office shown on the records 1150 NW 72ND AVE TOWER I	of the Florida	Dept, of State:
	Registered Office Address (MUST BE FLORIDA STREE STE 455		
	Miami	33126 FL	AHASSE
	Incorporating Services, Ltd.		<u>"</u> "
	Enter name of NEW Registered Agent and/or NEW Register	drew:	
	1540 Glenway Drive		OF STATE
	NEW Registered Office Address:		» »
	Tallahassee,	32301	
iang gent as/w e art	limited liability company is not organized under the le or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members licles of organization or the operating agreement of the	laws of the he registere liability co s of the lin	ed office and the business office of the registered impany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in liability company. Vishal Patel
Sign	uture of a number or authorized representative of a member		Printed or typed name of signee
here rovis e ob mei	by accept the appointment as registered agent and a tions of all statutes relative to the proper and comple digations of my position as registered agent as provicely reflect a change in the registered office address, at in writing of this plange.	gree to act le perform led for in C I hereby co	in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been

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