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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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## POZAMAY 15 PM 3: 39 DEFENTE CORPORATIONS ONYISION (CORPORATIONS)

## LLC REGISTERED AGENT CHANGE BENEVOLENTCARE4U LLC

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K. SALY

MAY 16 2024

## 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. N	ame of the limited liability company:  BenevolentCare41	U LLC			
2. (a)	3341 Nw 17th Ct		(b) BenevolentCare4U LLC		
,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	<del></del>		Mailing address of limited liability company:  (Nate: MAY BE POST OFFICE BOX)	
	FORT LAUDERDALE, FL 33311		FORT LA	UDERDALE, FL 33311	
	05/11/2023		L230002340	026	
<ol> <li>(a)</li> </ol>	Date of filing/registration in Florida LEGALINC CORPORATE SERVICES INC.	4.		Document number	
(b)	Registered Agent and Registered Office shown on the records of 476 Riverside Ave.	the Flor	ida Dept. of Stat		
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRE</u>	<u>(22)</u>	MA HAY 15	
	Jacksonville , FL	32202		HAY 15 PH 2: 30	
	Corporate Creations Network Inc.			5 PM 2: 30 SSEE FLORID	
	Enter name of NEW Registered Agent and/or NEW Registered	Office	address:	30	
	801 US Highway 1				
	NEW Registered Office Address:		, ,	•	
	North Palm Beach , FL	33408		-	
change agent was/w	limited liability company is not organized under the lave or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liagere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	vs of the register that the second contract th	ne State of Floored office and company, it is imited liability	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	
	Kristen Espinales	Ki	risten Espinale:	s, Attomey-in-Fact	
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee	
provis the ob- to mer	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d'in writing of this change.	ee to a perfori I for in tereby	ct in this cape mance of my e Chapter 605 confirm that i	acity. I further agree to comply with the htties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been	
	Kristen Espinales Kristen Espinales, Special Secretary				
Signati	ire of Registered Agent				