## Florigla/Department of State Devision of Corporations Electronic Eiling Cover Sheet

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## LLC REGISTERED AGENT CHANGE WELL AGENCY LLC

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K. SALY

JUN 13 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. 1	Name of the limited liability company: Well Agency LI	LC				
2. (a)	11730 Saint Andrews Place # 301		(b) 11730 Saint Andrews Place # 301			
	y Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of limit	•	
	Wellington, FL 33414		Wellingto	on, FL 33414		
	05/24/2023		L23000255	5082		
3.	Date of filing/registration in Florida	4.		Document number	•	
5. (a	LEGALINC CORPORATE SERVICES INC.					
J. (u)	Registered Agent and Registered Office shown on the records of	of the Fla	rida Dept. of St	 ate:		
	476 Riverside Ave.					
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRI	ESS)	<del></del>		
	Jacksonville, F	L_32202	?		TALL	2024 JUN 12
(b)	Corporate Creations Network Inc.				AHAS	JUN 12
	Enter name of NEW Registered Agent and/or NEW Registere	ed Office	address:	<del></del>		
	801 US Highway I				FLOR	PM 2:
	NEW Registered Office Address:			_	ãr.	01
	North Palm Beach, F	L_33408	}	<del>-</del>		
chang agent was/v	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lawere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	ne regist liability of the l	ered office a company, it imited liabil:	nd the business offic is hereby confirmed ity company or as otl	e of the reg that the cha	istered ange(s)
	Kristen Espinales	K	risten Espinal	les, Attorney-in-Fact		
Sign	nature of a member or authorized representative of a member	_		Printed or typed name	of signee	
provi the oi to me	eby accept the appointment as registered agent and as sions of all statutes relative to the proper and complet bligations of my position as registered agent as provid rely reflect a change in the registered office address, l ed in writing of this change.	gree to d e perfor led for it l hereby	ict in this cap mance of my n Chapter 60 confirm that	pacity. I further agre duties, and I am Jan 15, F.S. Or, if this do t the limited liability	ee to compl niliar with is cument is b company h	y with the and accept peing filed as been
	Kristen Espinales Kristen Espinales, Special Secretary					

Signature of Registered Agent