

9/23/24, 9:43 AM

Division of Corporations

# Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

L23000423623

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## LLC REGISTERED AGENT CHANGE EMAX HEALTH PATIENT SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

M. SOLOMON

SEP 24 2024

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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. Name of the limited liability company: EMAX HEALTH PATIENT SERVICES LLC
2. (a) 1730 S. Federal Hwy, Suite 273  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
Delray Beach, Florida 33483
- (b) 1730 S. Federal Hwy, Suite 273  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
Delray Beach, Florida 33483
3. 9/15/2023  
Date of filing/registration in Florida
4. L23000423623  
Document number
5. (a) CORPORATION SERVICE COMPANY  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
1201 HAYS STREET  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
TALLAHASSEE, FL 32301-2525
- (b) Business Filings Incorporated  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
1200 South Pine Island Road  
NEW Registered Office Address:  
Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Julian Casciano, President of EMAX HEALTH HOLDINGS CORP., Member

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Chris Das, AVP, Business Filings Incorporated

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (2/14)

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