## 24 0006 14940

7.5					
. (Requestor's Name)					
(Address)					
(Address)					
- (Addless)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(ousiness Entity Paine)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer					
J. HORNE					
OCT - 3 2024					
<b>]</b>					
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Office Use Only					

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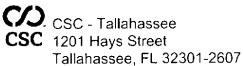


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2021/007-2 1:4 9:21

RECEIVED

2024 OCT -2 PM 3: 49



850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations

From: Shauna Godbolt - Shauna.Godbolt@cscglobal.com

Ext: x61563 Date: 10/02/24 Order #: 1629912-1

Re: HEART CARE CFL, PLLC Processing Method: Routine

## TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$35.0 - FL State Account Number: 120000000195

Please take the following action:

File on a routine basis
Issue proof of filing
Return evidence to the following:
ATTN: Shauna Godbolt
c/o Corporation Service Company
251 Little Falls Drive
Wilmington, DE 19808

## Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## 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	Same of the limited liability company: HEART CARE	CFL, PLI	_C	
2. (a	)	(1	b)	
(,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	3822 SOUTH WASHINGTON AVENUE		3822 SC	OUTH WASHINGTON AVENUE
	TITUSVILLE, FL 32780		TITUSV	ILLE, FL 32780
	12/20/2023		L240000	14940
3.	Date of filing/registration in Florida	4.		Document number
5. (a				
J. (c	Registered Agent and Registered Office shown on the records of	t the Florid	a Dept. of St	ate:
TALLURI-RAO, SUDHA				
	Registered Office Address (MUST BE FLORIDA STREET	_ ~		
	3822 SOUTH WASHINGTON AVENUE			1024
	TITUSVILLE . F	32780 L		PILED 2024 OCT -2 Mil
(b	Enter name of NEW Registered Agent and/or NEW Registere			
	Enter name of NEW Registered Agent and/or NEW Registere	d Office ac	<u>idress</u> ;	9: 22
	Corporation Service Company			22
	NEW Registered Office Address:			<del></del>
	1201 Hays Street		_	
	Tallahassee	32301		
If the	limited liability company is not organized under the la		State of F	— Torida, it is beroby confirmed that after the
chang	ge or changes are made, the Florida street address of the	e register	ed office a	nd the business office of the registered
	will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members			
the ai	ticles of organization or the operating agreement of the	e limited	liability co	mpany.
	d Vance Vanier	Var	nce Vanier	
-	nature of a member or authorized representative of a member			Printed or typed name of signee
provi the oc to me	why accept the appointment as registered agent and ages sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change.	ree to ac. e perform ed for in ( hereby c	t in this cap ance of my Chapter 66 onfirm tha	pacity. I further agree to comply with the duties, and I am familiar with and accept 15, F.S. Or, if this document is being filed the limited liability company has been
Siana	Ture of Registered Agent			

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