

L24 0000 225 27

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

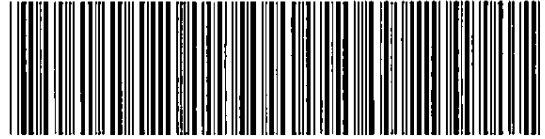
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900439126839

11/05/24--01020--017 \*\*25.00

2024 NOV -5 AM 11:28  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NewGen Health Group LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ivan Ramos

Name of Person

NewGen Health Group LLC

Firm/Company

15155 SW 97th Avenue, Ste. 220

Address

Miami, FL 33176

City/State and Zip Code

m.ramos@newgenhealth.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ivan Ramos at ( 786 ) 486-8081

Name of Person

Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**FILED**  
2024 NOV -5 AM 11:28  
SECRETARY OF STATE  
TALLAHASSEE, FL

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: NewGen Health Group LLC
2. (a) 15155 SW 97 Ave Suite 220 (b) 15155 SW 97 Ave Suite 220  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)  
Miami, FL 33176 Miami, FL 33176
3. 1/09/2024 4. 24000022527  
Date of filing/registration in Florida Document number

5. (a) Ivan Ramos  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

7400 NW 7th St, Unit 107

Miami, FL 33126

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

15155 SW 97 Ave Suite 220

Miami, FL 33176

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.

Ivan Ramos  
Signature of a member or authorized representative of a member

Ivan Ramos  
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.

Ivan Ramos  
Signature of Registered Agent

2024 NOV -5 AM 10:08  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED