L24000051417

(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:				
J. HORNE JUL 25 2024				

Office Use Only



400433027244

07/16/24--01026--004 **25.00



COVER LETTER

Division of Corporations		
Rebecca K. Carney Calisch MD LLC SUBJECT:		
	e of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Rebecca K. Carney Calisch		
Name of Person		
Rebecca K, Carney Calisch MD LLC		
Firm/Company		
1165 Sawgrass Drive		
Address		
Gulf Breeze, FL 32563		
City/State and Zip Code		
rebeccacalisch@gmail.com		
E-mail address: (to be used for future annu	ual report notification)	
For further information concerning this matter,	please call:	
Rebecca K, Carney Calisch	901 6615841 at ()	
Name of Person	Area Code & Daytime Telephone Number	
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	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	

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.

I. Na	nme of the limited liability company: Rebecca K. Carne	ey Calisch MD LLC		
2. (a)			vgrass Drive, Gulf Breeze, FL 32563	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
3.	01/30/2024 Date of filing/registration in Florida		5417 Document number	
	GSOCPA LLC		Socialient mantion	
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 3999 Commons DR W Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	Suite E		2024 J-	
	Destin . FI	32541	-	
(b)	Rebecca K. Carney Calisch Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 1165 Sawgrass Drive NEW Registered Office Address:	Office address:		
	Gulf Breeze FL	32563		
change agent v was/we the arti	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the likewise K. Carrey Calisah ture of a member or authorized representative of a member	registered office a ability company, it of the limited liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in impany.	
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee	
provisi the obl to mere notified	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. If I in writing of this change.	ree to act in this cap performance of my d for in Chapter 60 hereby confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5. F.S. Or, if this document is being filed the limited liability company has been	

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

Signature of Registered Agent