

L24000082059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

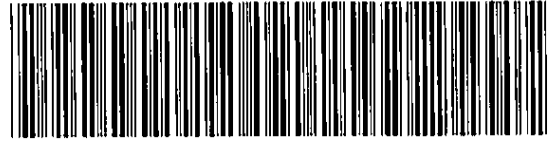
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FILED
2024 MAY 13 AM 8:14
SECRETARY OF STATE

**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: Palm Harbor Health & Wellness PLLC

2. (a) Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

35111 US Hwy 19 N, Suite 301

Palm Harbor, FL 34684

(b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

35111 US Hwy 19 N, Suite 301

Palm Harbor, FL 34684

02/15/2024

L24000082059

3. Date of filing/registration in Florida 4. Document number

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

Gregory Nestor

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

201 Lagoon Drive

Palm Harbor, FL 34683

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

Gregory Nestor

NEW Registered Office Address:

35111 US Hwy 19 N, Suite 301

Palm Harbor, FL 34684

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2024 MAY 13 AM 8:14
TALLAHASSEE, FL
STATE OF FLORIDA
DIVISION OF CORPORATIONS

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.

Gregory Nestor

Gregory Nestor

Signature of a member or authorized representative of a member

Printed or typed name of signee

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.

Gregory Nestor

Signature of Registered Agent

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

FILING FEE: \$25.00

Signature Certificate

Reference number: 7ZCHS-VP7OS-9TBTC-UXCRR

Signer

Timestamp

Signature

Gregory Nestor

Email: gnestor@tampabay.rr.com

Sent:

07 May 2024 22:40:40 UTC

Viewed:

08 May 2024 12:40:52 UTC

Signed:

08 May 2024 12:41:17 UTC

Recipient Verification:

✓ Email verified

08 May 2024 12:40:52 UTC

Gregory Nestor

IP address: 24.129.187.222

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