

L240000123200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

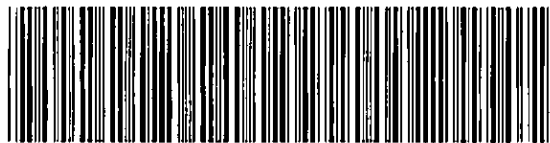
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: First Class Concierge Health 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:

Kelly Torok  
Name of Person

First Class Concierge Health LLC  
Firm/Company

7842 Land O Lakes Blvd #217  
Address

Land O Lakes, FL 34638  
City/State and Zip Code

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

For further information concerning this matter, please call:

Kelly Torok at ( 813 ) 553-1977  
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

**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: First Class Concierge Health LLC
2. (a) 2751 E County Line Rd #1007  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
Wt2, FL 33557
- (b) 7842 Land O Lakes Blvd #217  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
Land O Lakes, FL 34638
3. 03/11/24 Date of filing/registration in Florida
4. EIN- 99-1993740 Document number

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

22063 Stonybrook Cabin Way  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Land O Lakes, FL 34639  
\_\_\_\_\_, FL \_\_\_\_\_

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

7842 Land O Lakes Blvd #217  
NEW Registered Office Address:  
Land O Lakes, FL 34638  
\_\_\_\_\_, FL \_\_\_\_\_

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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.

Kelly Torok  
Signature of a member or authorized representative of a member

Kelly Torok  
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.*

Kelly Torok  
Signature of Registered Agent