

L24000188900

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC
Account Number : I201000000862
Phone : (888)705-7274
Fax Number : (888)706-7274

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
2025 JAN -2 AM 11:25
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2025 JAN -2 PM 4:34
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**LLC REGISTERED AGENT CHANGE
NEUROCARE CENTER LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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Corporate Filing Menu

Help

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEUROCARE CENTER 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:

Alicia Richards

Name of Person

Registered Agent Solutions, Inc.

Firm/Company

Corporate Center One, 5301 Southwest Pkwy, Ste 400

Address

Austin, TX 78735

City/State and Zip Code

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

For further information concerning this matter, please call:

Alicia Richards

888 705-7274
at ()

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

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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: <u>NEUROCARE CENTER LLC</u>	
2. (a) <u>675 Avenue L SE</u> Principal office address of limited liability company: (Note: <u>MUST BE STREET ADDRESS</u>) <u>WINTER HAVEN, FL 33880</u>	(b) <u>675 Avenue L SE</u> Mailing address of limited liability company: (Note: <u>MAY BE POST OFFICE BOX</u>) <u>WINTER HAVEN, FL 33880</u>
<u>4/22/2024</u>	<u>1.24000188900</u>
3. <u>Date of filing/registration in Florida</u>	4. <u>Document number</u>
5. (a) <u>LUGO MONTALVO, MARESA</u> Registered Agent and Registered Office shown on the records of the Florida Dept. of State: <u>1834 CROSSROADS BLVD</u> Registered Office Address (MUST BE FLORIDA STREET ADDRESS) <u>WINTER HAVEN, FL 33881</u>	
(b) <u>Registered Agent Solutions, Inc.</u> Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : <u>2894 Remington Green Ln.</u> <u>NEW Registered Office Address:</u> <u>Ste. A</u> <u>Tallahassee, FL 32308</u>	

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COUNTY OF FLORIDA
TALLAHASSEE, FL 32308

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.

<u>/s/ Maresa Lugo</u> Signature of a member or authorized representative of a member	<u>Maresa Lugo</u> Printed or typed name of signee
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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.

<u>Mackenzie Hibler</u> Signature of Registered Agent	<u>Mackenzie Hibler, Asst. Secretary</u>
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