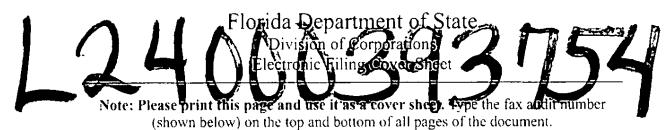
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Division of Corporations



(((H240003340113)))



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From:

Account Name : BRENNAN, MANNA & DIAMOND, P.L.

Account Number : I20040000104 Phone : (904)366-1500 Fax Number : (904)366-1501

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

Email Address: ___trmiller@bmdllc.com

LLC REGISTERED AGENT CHANGE AIR HEALTHCARE, LLC

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COVER LETTER

TO: Registration Section Division of Corporations					
AIR Healthcare, LLC SUBJECT:					
	Vame of Limited	Liability Company			
Dear Sir or Madam:					
The enclosed Registered Agent/Registered	Office Change an	d fee(s) are submitted for filing.			
Please return all correspondence concerning	-				
	,				
Amanda L. Waesch, Esq.					
Name of Person					
Brennan, Manna & Diamond, LLC			. /* .:: T)	202	
Firm/Company		· · · · · · · · · · · · · · · · · · ·	1.7 11	2024 OCT -2	::m::
75 E Market Street		A KA		-2	ETE
Address			n 2€ n=1;	PH	T
Akron, OH 44308		A South	SES PSI	F :-	****
City/State and Zip Cod	e		TT:	10	
alwaesch@bmdllc.com					
E-mail address: (to be used for future	annual report not	fication)			
For further information concerning this mat	ter, please call:				
Tracy R. Miller, Paralegal	330	253-5060 ext. 105			
Name of Person	at (Area Code & Daytime Telephone N	- lumbe	r	
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 81 Tallahassee, FL 32303	10		
Enclosed is a check for the follow	ing amount:				
■ \$25 Filing Fee	a :	\$55 Filing Fee & Certified Copy			
INHS18 (2/14)					

(((H240003340113)))

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.

	ome of the limited liability company: 910 Old Camp RD		910	Old Camp RD
a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	STE 144		STE	
	The Villages, FL 32162		The	Villages, FL 32162
	09/09/2024		L2400	00393754
	Date of filing/registration in Florida	4.		Document number
(a)	Felix Agbo, M.D.			
,	Registered Agent and Registered Office shown on the records of 910 Old Camp RD	the Florid	a Dept. o	of State:
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRES	<u>s)</u>	
	STE 144			<u>6)</u> 78
	The Villages . FI	32162		2024 OCT
b) ,	Brennan, Manna & Diamond, P.L.			N P
	Enter name of NEW Registered Agent and/or NEW Registered	Office ac	idress:	
	5210 Belfort RD			STATE E.F.L
	NEW Registered Office Address:			
	STE 400		<u>-</u> .	
	Jacksonville , FL	32256		
ige it w we	mited liability company is not organized under the law or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited lia- re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	register ability co of the lin	ed offic Impany nited lia	ce and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
		Fel	x Agbo	o, M.D.
 `	ure of a member or authorized representative of a member			Printed or typed name of signee

Signature of Registered Agent