L24000445917

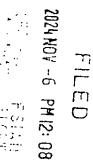
| (Requestor's Name) | | | | | | |
|---|--|--|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
| J. HORNE F-17 9 2024 | | | | | | |





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COVER LETTER

| | istration Section ision of Corporations | | |
|-----------------------|--|---------------------------------------|--|
| SUBJECT: | OnCall HR LLC | | |
| | Name of | Limited Lis | ability Company |
| Dear Sir or l | Madam: | | |
| The encloses | d Registered Agent/Registered Office C | hange and f | ee(s) are submitted for filing. |
| | n all correspondence concerning this ma | | |
| Brandon Ded | tre! | | |
| | Name of Person | | |
| OnCall HR L | ıc | | |
| | Firm/Company | | _ |
| 733 Florida B | Blvd | | |
| | Address | · · · · · · · · · · · · · · · · · · · | |
| Altamonte Sp | orings | | |
| | City/State and Zip Code | | _ |
| onecallhr@ou | itlook.com | | |
| E-mail | address: (to be used for future annual re | port notifica | ation) |
| For further in | nformation concerning this matter, pleas | e call: | |
| Brandon Dedr | rel at | 689 (| 9863129 |
| | Name of Person | ·——— | Area Code & Daytime Telephone Number |
| Regi Divis P.O. | ling Address: stration Section sion of Corporations Box 6327 shassec, FL 32314 | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| Enclo | osed is a check for the following amou | int: | |
| ■ \$2. | 5 Filing Fee | \$55 | Filing Fee & Certified Copy |
| | | | |

INHS18 (2/14)

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. Na | me of the limited liability company: OnCall HR LLC | | | | |
|--|--|--|--------------------------|---------------------------------------|---|
| 2. (a) | 7901 4th St N STE 300 | | (b) | P.O. B | ox 940084 |
| , , | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ | (0) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | St. Petersburg, FL 33702 | | | Maitlan | nd, FL 32794 |
| | 10/18/2024 | | Ŀ | | 45917 |
| 3. | Date of filing/registration in Florida | 4. | | | Document number |
| 5. (a) | DEDREL, BRANDON T, MR. | | | | |
| (b) | Registered Office Address 733 FLORIDA BLVD ALTAMONTE SPRINGS , FL Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registered (| 32701 | | <u>es</u> : | FILED 2024 NOV -6 PM 12: 09 |
| | NEW Registered Office Address: | | | | _ |
| | 7901 4th St N STE 300 | | | | |
| | St. Petersburg , FL | 33702 | | | _ |
| gent w vas/wei he artic Signatu | mited liability company is not organized under the laws or changes are made, the Florida street address of the mill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of eles of organization or the operating agreement of the liable of a member or authorized representative of a member of a member of a member as registered agent and agree as of all statutes relative to the proper and complete per positions of my position as registered agent as provided by reflect a change in the registered office address. I he in writing of this change. | egister ility c the lin mited | red committee lial | office a pany, it ed liabil bility co | is hereby confirmed that the change(s) ity company or as otherwise provided in impany. Dedre |