M02000000600

(Requestor's Name) THS 5030Champion Blod., 66-PMB258 Boca Radon, FL 33496	400013040844
(City/State/Zip/Phone #)	
(Business Entity Name)	02/28/0301083005 **25.00
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	O3 FEB 28 AM 9: 3 TALLANASSEE, FLORI

Office Use Only

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is:	WNOVATIVE HEALTHCARE SOLV
•	eny is: 5030 CHAMPION BLUD
BOCA RATIN, PL 239	•
3-6-2002	M0200000600
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registere Florida Department of State:	
	Ame A PINE ISLAND RIAD Idress Are and Zip
PLANTATION City, St.	ideess Ate and Zip
6. The name and address of the new registered agen	it and/or office:
RICHTORD OF	RASSANO 3 2 2
GOO N. Fro	oran Hissury, of France
	P.O. Box NOT acceptable)
BOCA RATION	e and Zip
If the limited liability company is not organized und confirmed that after the change or changes are mad and the business office of the registered agent will l liability company, it is hereby confirmed that the ch the members of the limited liability company or as the operating agreement of the limited liability com	c, the Florida street address of the registered office be identical. Or, in the case of a Florida limited hange(s) was/were authorized by an affirmative vote of otherwise provided in the articles of organization or
(Signature of a member or authorized representative of a member)	
(Printed or typed name of signee)	· · ·
	nt and agree to act in this capacity. I further agree to o the proper and complete performance of my duties, of my position as registered agent as provided for in each to merely reflect a change in the registered office company has been notified in writing of this change.

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

FILING FEE: \$25,00