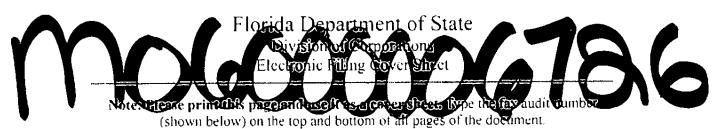
12/8/2020

Division of Corporations



(((H200004198143)))



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Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Fax Number : (954)208-0845

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

LLC REGISTERED AGENT CHANGE WCA OF ST. LUCIE, LLC

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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.

Name of the limited liability company: WCA of St. Lucie, LLC				
2. (a)	no change	(b) no change		
2. (11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
3.	12/6/2006 Date of filing/registration in Florida		6726 Document number	
	CORPORATION SERVICE COMPANY			
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of Sta	ate.	
	Registered Office Address (MUST BE FLORIDA STREET) 1201 Hays Street	<u>ADDRESS)</u>	- 20 DEC 8	
	Tallahassee F1	32301	_ > > + + + + + + + + + + + + + + + + +	
(b)				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	12:45	
	NEW Registered Office Address:			
	1200 South Pine Island Road			
	Plantation FL	33324		
the cha agent was w the art	imited liability company is not organized under the lavange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the registered officability company, it of the limited liabil	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany.	
	nure of a member or authorized representative of a member		Printed or typed name of signee	
provis the ob- to mer	by accept the appointment as registered agent and agi ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, L d in writing of this change. CT Crandanon System	performance of model for in Chapter 60 hereby confirm that Alfred Yo	y airties, and I am familiar with and decept 15, F.S. Or, if this document is being filed it the limited liability company has been unan	
Signan	re of Registered Agent AS	ssistant Se	ecretary	