

## Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

**M12000005258**

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000258785 3)))



H220002587853ABC6

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

## To:

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

## From:

Account Name : REGISTERED AGENT SOLUTIONS INC  
Account Number : 120100000062  
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: \_\_\_\_\_

**LLC REGISTERED AGENT CHANGE  
PRIDE HEALTHCARE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2022 AUG -1 AM 8:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

2022 AUG -1 PM 12:45

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** **PRIDE HEALTHCARE 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:

**Joshua Murphy**

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:

**Joshua Murphy**

Name of Person

at ( 888 ) 705-7274

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

# 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: PRIDE HEALTHCARE LLC
2. (a) 420 LEXINGTON AVE 30th Floor  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
NEW YORK, NY 10170
- (b) 420 LEXINGTON AVE 30th Floor  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
NEW YORK, NY 10170

3. 9/19/2012  
Date of filing/registration in Florida
4. M12000005258  
Document number

5. (a) BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
155 OFFICE PLAZA DRIVE 1ST FLOOR  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TALLAHASSEE, FL 32301

- (b) Registered Agent Solutions, Inc.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

155 Office Plaza Dr.

NEW Registered Office Address:

Suite A

Tallahassee, FL 32301

APPROVED  
AND  
FILED  
2022 AUG - 1 AM 8:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

/s/ Leo Russell

Signature of a member or authorized representative of a member

Leo Russell

Manager

Printed or typed name of signee

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.

Mackenzie Hart  
Signature of Registered Agent