

M1400000 1596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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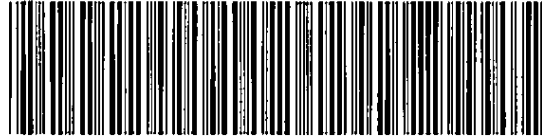
(Business Entity Name)

(Document Number)

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2022 MAR -7 AM 8:36
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FALLAHASSE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 529138 8372564

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : March 4, 2022

ORDER TIME : 9:18 AM

ORDER NO. : 529138-010

CUSTOMER NO: 8372564

CHANGE OF AGENT

NAME: HEALTHSOL, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XXX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS: _____

**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: HEALTHSOL, LLC

2. (a) 2200 NW Corporate Blvd. (b) 2200 NW Corporate Blvd.

Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

Suite 409

Suite 409

Boca Raton, FL 33431

Boca Raton, FL 33431

March 10, 2014

M14000001596

3. Date of filing/registration in Florida

4. Document number

5. (a) Nimah, Sam

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

2200 NW Corporate Blvd.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Suite 409

Boca Raton, FL 33431

2022 MAR -7 PM 9:36

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

Tallahassee, FL 32301

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/ Jennifer Walton

Jennifer Walton, Authorized Person

Signature of a member or authorized representative of a member

Printed or typed name of signer

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.

Lindsey M. Barone

Signature of Registered Agent

Lindsey M. Barone, Asst. Vice President on behalf of Corporation Service Company

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

FILING FEE: \$25.00