

M180000000619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

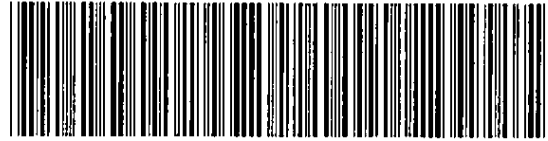
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500421738695

FILED

2024 FEB -8 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2024 FEB -8 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 2/8/2024

****WALK IN****

ENTITY NAME CAREKINESIS SOLUTIONS, LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED 35.00 25.00

ACCOUNT #: I20160000072

S R JH



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 9, 2024

SUNSHINE STATE

SUBJECT: CAREKINESIS SOLUTIONS, LLC
Ref. Number: M18000000619

CORRECTED
Please Allow For
Same File Date

We have received your document for CAREKINESIS SOLUTIONS, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 624A00002921

RECEIVED
2024 FEB 12 AM 10:07
MAIL ROOM
141 ALBANY, ALBANY, NY 12207

**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: CAREKINESIS SOLUTIONS, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
228 STRAWBRIDGE DR., STE 301
MOORESTOWN, NJ 08057

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

3. 01/19/2018 Date of filing/registration in Florida 4. M18000000619 Document number

5. (a) NATIONAL REGISTERED AGENTS, INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324

(b) URS AGENTS, LLC
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
3458 Lakeshore Dr.
Tallahassee, FL 32312

FILED
2024 FEB -8 AM 9:01
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.

Brian W. Adams BRIAN W. ADAMS
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.

Beth Soladana