Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

**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 VEIN, HEART AND VASCULAR @ HOME 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.

Na	ame of the limited liability company: VEIN, HEART A	ND VASCULAR @ HOME LLC			
. (a)	301 W. PLATT ST., STE. A 405 (b) 301 W. PL			ATT ST., STE. A 40:	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		, <u> </u>	Hailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	TAMPA, FL 33606	_	TAMPA, F	TL 33606	
	05/03/2021	_	M21000005	268	
	Date of filing/registration in Florida	4.		Document number	
(a)	CORPORATION SERVICE COMPANY				
(b)	Registered Agent and Registered Office shown on the records of the 1201 HAYS STREET Registered Office Address (MUST BE FLORIDA STREET)		·	::	
		32301			
	Corporate Creations Network Inc.				2023 MAY
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 801 US Highway 1	Office :	uddress:		<u>ئ</u> د
	NEW Registered Office Address:				PH 5: 5
	North Palm Beach, FL	33408			2
ange ent v is/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe bility of f the li	red office and company, it is mited liability	the business office hereby confirmed to company or as other	of the registered hat the change(s)
	Tasha (dwards	Τε	isha Edwards, A	Attorney-in-Fact	
	ture of a member or authorized representative of a member	_	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.

Taska Cawards Tasha Edwards, Special Secretary
Signature of Registered Agent