

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : UNITED AGENT GROUP INC.

Account Number : 120160000086 Phone : (561)508-5033 Fax Number : (561)694-1639

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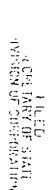
LLC REGISTERED AGENT CHANGE HOSPICE OF THE SUNSHINE STATE, LLC

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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.

1.	Na	me of the limited liability company: HOSPICE OF THE	SUN	SH	NE STATE	E, LLC		
2		500 Faulconer Dr Ste 200, Charlottesville, VA 22903-5089		(b)	500 Faulco	ner Dr Ste 200, Charlottesville, V	A 22	903-5
2. (a)		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			N	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		08/23/2021			/121000010			
3.		Date of filing/registration in Florida	4.]	Document number		
5.	(a)	COGENCY GLOBAL INC. Registered Agent and Registered Office shown on the records of the Florida Dept. of State 115 N CALHOON ST STE 4 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			: :	2021 NOV 23	PARUS JC HOISINIC	
		TALLAHASSEE, FL_3					AM IO:	Y OF STA
	(b)	United Agent Group Inc.					:: ->	्याः अद
		Enter name of NEW Registered Agent and/or NEW Registered C	Office	<u>add</u>	ress:			
		801 US Highway l				_		
		NEW Registered Office Address:						
		North Palm Beach , FL	33408			.		
ch ag	ange ent v	imited liability company is not organized under the law or changes are made, the Florida street address of the r will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	regist bility f the l	erec con imi	l office and apany, it is ted liability	the business office of the reg hereby confirmed that the cha company or as otherwise pro	ister inge(su (s)
				Adia Myles, Attorney-in-fact Printed or typed name of signee				
I protein to no	here ovis e obi mer tifie	the of a member of authorized representative of a member by accept the appointment as registered agent and agree ions of all statistics relative to the proper and complete pligations of the position as registered agent as provided ely reflect a charige in the registered office address, I had inswriting of this change. Adia Myles, Special Secretary	erjor Kor i	mai n C	ace of my c	acity. I further agree to compl luties, and I am familiar with i F.S. Or if this document is b	eine	filed