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.

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Help

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

Florida 1. No		Early	y Interv	ention Se	ervices, l	LLC		
2. (a)			(b)				-	
(··/ <u>-</u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				=	
	4542 E Inverness Ave Ste 210 4542			2 E Inverne	E Inverness Ave Ste 210			
	Mesa AZ 85206		Mesa AZ 85206					
	01/01/22		M22	20000008	327			
3.	Date of filing/registration in Florida		4.	Document				
5 (2)	UNITED STATES CORPORATION AG	SENTS	. INC					
, ,	Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat					62 AON 2202		
	5575 E SEMORAN BLVD, STE 36					? X O	- P	
	Registered Office Address (MUST BE FLORIDA STI	REET AD	DRESS)		KHAS:		=	
	ORLANDO	_, FL_	32822		OF ST	AH 11: 42	ED	
(b)	Northwest Registered Age		TE	42				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u>	istered Of	Tice address:					
	7901 4th St N							
	NEW Registered Office Address:							
	STE 300	<u></u>						
	St. Petersburg	_, _{FL} 3:	3702					
the cha agent v was/wa	imited liability company is not organized under tange or changes are made, the Florida street addrivil be identical. Or, in the case of a Florida limiter authorized by an affirmative vote of the memicles of organization or the operating agreement.	the laws tess of th ited liabi	of the State of e registered of lity company he limited lia	office and the bu v, it is hereby co ability company	usiness office on infirmed that th	of the re ne chang	egistered gc(s)	
	Margam Make		·	Morgan N	oble			
Signa	ture of a member or authorized representative of a member			Printed or ty	yped name of sign	ee		
DEADLE	by accept the appointment as registered agent are ions of all statutes relative to the proper and con ligations of my position as registered agent as pr ely reflect a change in the registered office addra	nniete ne	rformance a.	t my duties, and	A am tamuuar i	wiin an	а ассеы	

751 1 1 6 4 3 41

Tom Glover - Assistant Secretary

Signature of Registered Agent