

700435415597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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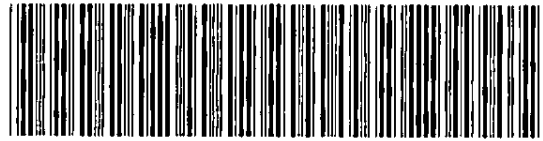
(Business Entity Name)

(Document Number)

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FILED  
2024 AUG 27 AM 12:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Charles Taylor TPA, LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Matthew Benware

\_\_\_\_\_  
Name of Person

3H Corporate Services, LLC

\_\_\_\_\_  
Firm/Company

36 Long Alley

\_\_\_\_\_  
Address

Saratoga Springs, NY 12866

\_\_\_\_\_  
City/State and Zip Code

sosfilings@3hes.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew Benware

518

583-0639 ext. 128

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

# 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: Charles Taylor TPA, LLC

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

1700 Eastpoint Pkwy Louisville

Louisville, KY 40223

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

P.O. Box 23790

Louisville, KY 40223

02/21/2022

M22000003591

3. Date of filing/registration in Florida

4. Document number

5. (a) 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)

7901 4TH ST N

ST. PETERSBURG, FL 33702

(b) 3H Agent Services, Inc.

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address:**

NEW Registered Office Address:

2114 NW 40th Terrace, Suite D2

Gainesville, FL 32605

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.

Signature of a member or authorized representative of a member

Kevin Kennedy

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.

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## OMNIBUS REVOCABLE POWER OF ATTORNEY

Aegis LLC; Bluegrass Health Network, LLC; Charles Taylor Acquisitions LLC; Charles Taylor Acquisitions II LLC; Charles Taylor Engineering Technical Services LLC; Charles Taylor TPA, LLC; Contego Investigations LLC; Guardian Managed Care Solutions LLC; Matrix Claims Management, LLC; Matrix Vocational Solutions, LLC; and Syndicate Claim Services LLC (each individually a "Company"), hereby give Gary T. Harker, Esq., Darrell T. Belch, Esq., and Kevin Kennedy of 3H Corporate Services, LLC ("3H"), the power to sign on its behalf any and all annual reports and periodic updates including, but not limited to, address changes, registered agent office changes, and Member and Manager changes that must be filed by the Company with the Secretary of State and/or Department of Insurance of any jurisdiction in which the Company is authorized to do business, provided that Messrs. Harker, Belch, and Kennedy of 3H will only use information provided to them by the Company to make such filings.

Subject to the foregoing, each grant of powers contained herein is to be considered permanent and continuous unless and until revoked in writing by a Manager/Member or Manager/Member Resolution, as applicable.

Date: 7/15/2024

  
Kristina Keane

Manager/Member