M 22 00000 8 466

(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:
J. Dennis
10-28-24
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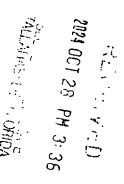
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2024 OCT 28 PH 2: 09 SECRETARY OF STATE FALL MAY SEE THE CENT.

TENT



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	ame of the limited liability company: PRENUVO CLIN	VIC CA1	LLC	
2. (a)	2108 N ST	(t	2108 N	ST
£. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	\	′) — <u> </u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	STEN		STE N	
	Sacramento, CA 95816		Sacram	ento, CA 95816
	05/31/2022		M22000	008466
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Northwest Registered Agent LLC			
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State			
	7901 4th St N STE 300			202 SE 5.4
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			PHE 2024 OCT 28 SECRETARY
	St. Petersburg, FL	33702	-	NED 28 PH 2: 09
	Enter name of NEW Registered Agent and/or NEW Registered Office address: Corporation Service Company			- 2m - ©
	NEW Registered Office Address:			
	1201 Hays Street			_
	Tallahassee, FL	32301		
change agent v was/w	limited liability company is not organized under the lave or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registere ability co of the lin	ed office a ompany, it nited liabil	ind the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
	/S/ Leigh Rubinstein	Leig	gh Rubins	tein , AUTHORIZED PERSON
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obi to mer notific	by accept the appointment as registered agent and agrifons of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I in writing of this change	perform	ance of m	v duties, and I am familiar with and accept-
อาธิแสเต	tte of veRigitien vReitt			

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00 CSC COA-11679

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