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REPAY OF CHAPTER WISING THE STATE WISING

LLC REGISTERED AGENT CHANGE FOCUS RESPIRATORY, LLC

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K. SALY

SEP - 1 2023

Τo

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. 1	Name of the limited liability company: Focus Respiratory	, LLC		
2. (a	10211 West Sample Rd 217	(b) 10211 West Sample Rd 217		
·	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(· · · ·	Mailing address of limited liability company: <u>6Note: MAY BE POST OFFICE BOX</u>)	
	Coral Springs, FL 33065		oral Springs, FL 33065	
	09/16/2022	M21	2000014473	
 3. 5. (8) 	Date of filing/registration in Florida Capitol Corporate Services, Inc.	4.	Document number	
J. (a)	Registered Agent and Registered Office shown on the records of a 201 North Franklin Street			
	Registered Office Address (MUST BE FLORIDA STREET A Suite 2000	7 1 F F 7 1 1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		
	Tampa . F1.	33602		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> NEW Registered Office Address:		دن دن دن . در بر	
	1200 South Pine Island Road			
	Plantation, FL_	33324		
the cl agent was/v	limited liability company is not organized under the law nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members o nicles of organization or the operating agreement of the	the registere bility compart the limited	ed office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in	
	/s/MICHELE HOLDEN	MICHEL	JE HOLDEN, MANAGER	
Sign	nature of a member or authorized representative of a member		Printed or typed name of signee	
provi the oi to me	why accept the appointment as registered agent and agrees sions of all statutes relative to the proper and complete poligations of my position as registered agent as provided rely reflect a change in the registered office address, I have discussed in writing of this change. CT Corporation System	ee to act in t performance I for in Chap wereby confir	his capacity. I further agree to comply with the cofmy duties, and I am familiar with and accept ster 605, F.S. Or, if this document is being filed on that the limited liability company has been	
Signa	ture of Registered Agent DOE DAVIS, ASST. SECRETARY			