

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : FIRST COAST CORPORATE SERVICES
Account Number : I20240000035
Phone : (904)490-0391
Fax Number : (706)310-8269

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

2024 JUL -9 PM 2:05

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT CHANGE
SOUTHPORT HEALTHCARE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

2024 JUL -9 PM 2:49
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

APPROVED
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JUL 10 2024
K. Brumbley

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOUTHPORT HEALTHCARE 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:

Ashton Villegas

Name of Person

Firm/Company

PO Box 23788

Address

Overland Park, KS 66283

City/State and Zip Code

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

For further information concerning this matter, please call:

Ashton Villegas

855

236-9172

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: SOUTHPORT HEALTHCARE LLC
2. (a) 1675 E RIVERSIDE DRIVE STE 150
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
EAGLE, ID 83616
- (b) 1675 E RIVERSIDE DRIVE STE 150
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
EAGLE, ID 83616
3. 10/31/2022
Date of filing/registration in Florida
4. M22000017517
Document number
5. (a) NRAI SERVICES, INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1200 SOUTH PINE ISLAND RD
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
PLANTATION, FL 33324
- (b) Universal Registered Agents, Inc.
Enter name of NEW Registered Agent and/or NEW Registered Office address:
1317 California Street
NEW Registered Office Address:
Tallahassee, FL 32304

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.

/s/ Kirk Cheney

Signature of a member or authorized representative of a member

Kirk Cheney

Printed or typed name of signer

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]

Signature of Registered Agent

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

FILING FEE: \$25.00

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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA