

M24 000000 3935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

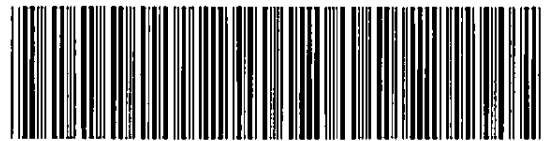
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2024 APR 16 PM 3:35  
SECRETARY OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** OHANA THERAPY CLINIC 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:

Michael Serrano

Name of Person

ZenBusiness Inc.

Firm/Company

336 E. College Ave. Suite 301

Address

Tallahassee, FL 32301

City/State and Zip Code

ra@zenbusiness.com

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

For further information concerning this matter, please call:

Michael Serrano

844

493-6249

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

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**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: OHANA THERAPY CLINIC LLC

2. (a) 1001 BISHOP ST STE 2685A (b) 1001 BISHOP ST STE 2685A

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

HONOLULU, HI 96813

HONOLULU, HI 96813

03/15/2024

M24000003935

3. Date of filing/registration in Florida

4. Document number

5. (a) MILNE, HANNAH

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1422 STARLIGHT DR

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

CANTONMENT, FL 32533

(b) ZenBusiness Inc.

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

336 E. College Ave. Suite 301

**NEW** Registered Office Address:

Tallahassee, FL 32301

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TALLAHASSEE, FL

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/ Hannah Milne

Hannah Milne

Signature of a member or authorized representative of a member

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*

Hannah Milne

Signature of Registered Agent

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

FILING FEE: \$25.00