

P07000085291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

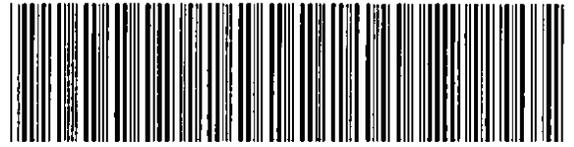
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2023 JUN - 5 PM 4:44
STATE

7:14:00

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Primecare Family Centers Corp.
Name of Corporation

DOCUMENT NUMBER: P07000085291

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Jennifer Reed
Name of Contact Person

Firm/Company
1615 Canton Street

Address
Orlando, FL 32803

City/State and Zip Code

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

For further information concerning this matter, please call:

Luis Zayas at (305) 828-3997
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Primecare Family Centers Corp

2. The principal office address: 5590 W 20th Ave, Suite 300, Hialeah, FL 33016

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 07/27/2007 Document number: P07000085291

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Jennifer Reed
21345 SW 183 Ave
Miami, FL 33187

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Luis Zayas
5590 W 20th Ave, Suite 300
Hialeah, FL 33016

P.O. Box NOT acceptable

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Luis Zayas
Signature of an officer or director

Luis Zayas, PD
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Luis Zayas
Signature of Registered Agent

6/1/23
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***