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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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REGISTERED AGENT CHANGE MINDBLOOM PROVIDER GROUP, P.A.

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Help

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

statement of cha	ange is submitted for a corpora	2, 617.0502, 607.1508, or 617.1508, Florida Statutes, this attion organized under the laws of the State of Florida.	
1. The name of	the corporation: MINDBLOOM	PROVIDER GROUP, P.A.	
2. The principal NEW YORK	l office address: 54 ALLEN ST	STE 7B	
3. The mailing a	address (if different): 1317 Edge	ewater Dr #1583	_
Orlando FL	. 32804		
4. Date of incor	poration/qualification: 05/14/1	9 Document number: P19000040303	_
	d street address of the current r rtment of State: (If resigned, er	egistered agent and registered office on file with the nter resigned)	
	MILLER, KELLY		
	1317 EDGEWATER DR	<u></u>	
	PLANTATION, FL 32804		
6. The name and (if changed):		stered agent (if changed) and /or registered office	
	Northwest Registere	d Agent LLC	
	7901 4th St N STE 300		
		O. Box NOT acceptable	(
	St. Petersburg FL 33		=
The street address changed will	ess of its registered office and l be identical.	the street address of the business office of its regulared agent.	
Such change was authorized by the	as authorized by resolution du he board, or the corporation ha	ly adopted by its board of directors or by an officer so as been notified in writing of the change.	
Casey	Paleos	Casey Paleos Printed or typed name and title	
I further agree performance of agent. Or, if th	to comply with the provisions f my duties, and I am familiar with the filed mer this document is being filed mer	d agent and agree to act in this capacity. of all statutes relative to the proper and complete with and accept the obligation of my position as registered rely to reflect a change in the registered office address, I a notified in writing of this change.	
lon	Glove	02/10/2021	
	gnature of Registered Agent	Date	
	chalf of an entity:		
Tom Glove	Yped or Printed Name		
•	/ · · · · · · · · · · · · · · · · ·		

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