

L21000484778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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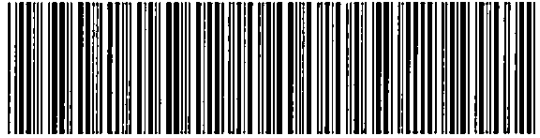
(Business Entity Name)

(Document Number)

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2025 JUN 13 AM 9:33
STATE OF FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 5 Palms Nursing 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:

Gina Brueckner

Name of Person

5 Palms Nursing LLC

Firm/Company

11790 SE 178th St

Address

Summerfield, FL 34491

City/State and Zip Code

gbrueck311@gmail.com

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

For further information concerning this matter, please call:

Gina L. Brueckner

561

305-6504

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

2023 MAR 13 AM 9:33
STATE OF FLORIDA
DIVISION OF CORPORATIONS

**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: 5 Palms Nursing LLC

2. (a) 11790 SE 178th St Summerfield, FL 34491 (b) 11790 SE 178th St Summerfield, FL 34491

Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

11/09/2021

L21000484778

3. Date of filing/registration in Florida

4. Document number

5. (a) Southern CPA LLC

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

Southern CPA LLC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1847 SW 1st St

Ocala, FL 344771

(b) 5 Palms Nursing LLC

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

Gina L. Brueckner

NEW Registered Office Address:

11790 SE 178th St

Summerfield, FL 34491

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.

Gina Brueckner
Signature of a member or authorized representative of a member

Gina L. Brueckner

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 notified in writing of this change.

Gina Brueckner
Signature of Registered Agent

**Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00**