I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DONNA BECKFORD

Electronic Signature of Signing Authorized Person(s) Detail

BECKFORD, DONNA A

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

	Electronic Signature of Registered Agent							
Authorized Person(s) Detail : Title MANAGER Title MANAGER								
Title	MANAGER	Title	MANAGER					
Name	BECKFORD, DONNA A	Name	JOHNSON, BILLIE J					
Address	3637 FOURTH ST. N.	Address	3637 FOURTH ST. N.					

Current Mailing Address:			

3637 FOURTH ST. N. 101 ST. PETERSBURG, FL 33704 US

Current Principal Place of Business:

DOCUMENT# L18000128250

3637 FOURTH ST. N.

ST. PETERSBURG, FL 33704

101

FEI Number: 83-0663795

Name and Address of Current Registered Agent:

3637 FOURTH ST. N. 101 ST. PETERSBURG, FL 33704 US

101

City-State-Zip: ST. PETERSBURG FL 33704

Entity Name: DONNA'S DEVOTED HEALTH CARE LLC

FILED Mar 21, 2021 Secretary of State 4812775255CC

Certificate of Status Desired: No

03/21/2021

Date

PRESIDENT

101

City-State-Zip: ST. PETERSBURG FL 33704