

L21000442520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

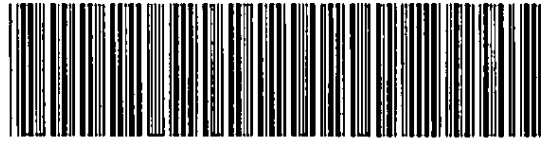
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12/16/21

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10/20/21--01008--016 **25.00

SECRETARY OF STATE
2021 DEC 16 AM 11:31
F11 310



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 DEC 16 AM 10:41

November 2, 2021

PATRICIA A DAVIS
196 SW GARTH ST
FORT WHITE, FL 32038

SUBJECT: BRIGHTSIDE HEALTHCARE AGENCY, LLC
Ref. Number: L21000442520

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas
Regulatory Specialist II

Letter Number: 321A00026609

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BRIGHTSIDE HEALTHCARE AGENCY, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PATRICIA A DAVIS

Name of Person

BRIGHTSIDE HEALTHCARE AGENCY

Firm/Company

196 SW GARTH ST

Address

FORT WHITE, FL 32038

City/State and Zip Code

brightsidelic2021@gmail.com

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

For further information concerning this matter, please call:

Felisa A Davis-Holmes

912

327-3211

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 \$30 Filing Fee & Certificate of Status \$55 Filing Fee & Certified Copy \$60 Filing Fee, Certificate of Status & Certified Copy

STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

FILED

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document. 2021 DEC 16 AM 11:31

FIRST: The name of the limited liability company is: BRIGHTSIDE HEALTHCARE AGENCY, SECRETARY, C.

SECOND: The Florida Document number of the limited liability company is: L21000442520

THIRD: Document to be corrected is: ARTICLE OF ORGANIZATION

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
The business name is misspelled, currently it is BRiGHTSIDE, the correct spelling should be BRIGHTSIDE.
so the correct business name is BRIGHTSIDE HEALTHCARE AGENCY, LLC

OR

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

The electronic transmission of the record was defective.

Patricia A. Hines
Signature of Authorized Representative

12/14/21
Date

Signature of new registered agent, if applicable (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

New Registered Agent's Signature, if changing Registered Agent:

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.

Patricia A. Hines
Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)