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	: MARVIN C. KLOEPPEL			07/15/2023
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	CEO	Title	C00	
Name	MUSGRAVE, MIKE	Name	HARMON, LOVELL	
Address	577 MULBERRY STREET STE 100	Address	577 MULBERRY STREET STE 1	00

City-State-Zip: MACON GA 31201

FT CORPORATE SERVICES, LLC

**Current Mailing Address:** 

P O BOX 13477 MACON, GA 31208-3447 US

## FEI Number: 58-2306549

## Name and Address of Current Registered Agent:

501 RIVERSIDE AVENUE, STE 700 JACKSONVILLE, FL 32202 US

City-State-Zip: MACON GA 31201

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.

07/15/2023 SIGNATURE: MIKE MUSGRAVE CEO

Electronic Signature of Signing Authorized Person(s) Detail

0126968336CC

## Certificate of Status Desired: No

Date

Entity Name: SECURE HEALTH PLANS OF GEORGIA, L.L.C.

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

**Current Principal Place of Business:** 

DOCUMENT# M22000013678

**577 MULBERRY STREET** STE 1000 MACON, GA 31201