

LD6000066802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

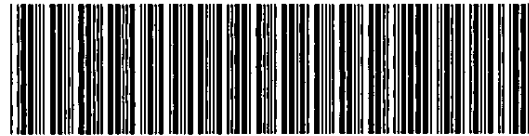
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000296250500

03/14/17--01014--007 **25.00

MAR 15 2017

S. YOUNG

FILED
17 MAR 14 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEALTHCARE DATA SOLUTIONS, 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:

Nancy Pollard

Name of Person

Barbich Hooper King Dill Hoffman Accountancy Corp.

Firm/Company

5001 E. Commercenter Dr., Suite 350

Address

Bakersfield, CA 93309

City/State and Zip Code

nancyp@bhkcpas.com

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

For further information concerning this matter, please call:

Nancy Pollard

at (661)

283-2236

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 MAR 14 PM 3:01

**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: HEALTHCARE DATA SOLUTIONS, LLC
2. (a) BHKDH Accountancy Corp
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
5001 E. Commercenter Drive 350
Bakersfield, CA 93309
- (b) BHKDH Accountancy Corp
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
5001 E. Commercenter Drive 350
Bakersfield, CA 93309
3. Jul 03, 2006 Date of filing/registration in Florida
4. L06000066802 Document number

5. (a) PARACORP INCORPORATED
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
236 E. 6TH AVENUE
TALLAHASSEE, FL 32303

- (b) Paracorp Incorporated
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
155 Office Plaza Drive, 1st Floor
Tallahassee, FL 32301

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.

[Signature]
Signature of a member or authorized representative of a member

Lindra Frandinata

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.

[Signature] Sharon Cooke, Assistant Secretary
Signature of Registered Agent

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 MAR 14 PM 3:01