

L15000153855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

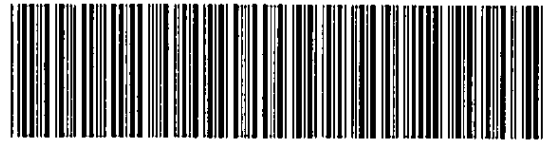
(Business Entity Name)

(Document Number)

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2019 JUN 28 PM 3:41

C. GOLDEN
JUL -1 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: My Choice Housecalls, 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:

Samantha L. Prokop, Esq.

Name of Person

Gunster, Yoakley & Stewart, P.A.

Firm/Company

225 Water Street, Suite 1750

Address

Jacksonville, Florida 32202

City/State and Zip Code

sprokop@gunster.com

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

For further information concerning this matter, please call:

Samantha Prokop

at (904) 354-1980

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 18, 2019

SAMANTHA L. PROKOP, ESQUIRE
225 WATER STREET
SUITE 1750
JACKSONVILLE, FL 32202

SUBJECT: MY CHOICE HOUSECALLS, LLC
Ref. Number: L15000153855

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):

Please list the Florida street address for the new Registered Agent.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 019A00012153

RECEIVED

2019 JUN 28 PM 2:39

CLARETHA GOLDEN

**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: My Choice Housecalls, LLC

2. (a) _____ Principal office address of limited liability company: (Note: <u>MUST BE STREET ADDRESS</u>) <u>4319 Salisbury Road, Suite 103</u> <u>Jacksonville, Florida 32216</u>	(b) _____ Mailing address of limited liability company. (Note: <u>MAY BE POST OFFICE BOX</u>) <u>13927 Shipwreck Circle North</u> <u>Jacksonville, Florida 32224</u>
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3. <u>09/15/2015</u> Date of filing/registration in Florida	4. <u>L15000153855</u> Document number
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5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Melissa Runyan
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
13927 Shipwreck Circle North
Jacksonville, FL 32224

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Jason Runyan
NEW Registered Office Address:
13927 Shipwreck Circle North
Jacksonville, FL 32224

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.

<u>[Signature]</u> Signature of a member or authorized representative of a member	<u>Jason Runyan</u> Printed or typed name of signer
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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]
Signature of Registered Agent

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TALLAHASSEE, FL