

218000159743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

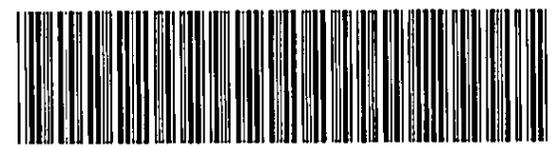
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

SEPT 20 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DR GUILLERMO MENDOZA - INT MED - 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:

MENDOZA FONSECA, GUILLERMO A, DR

Name of Person

MENDOZA FONSECA, GUILLERMO A, DR

Firm/Company

2572 W State Rd 426 # 3040

Address

OVIEDO, FL 32765

City/State and Zip Code

guillermomendoza65@gmail.com

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

For further information concerning this matter, please call:

Guillermo Mendoza at (774) 2701984
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

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: DR GUILLERMO MENDOZA - INT MED - LLC

2. (a) 2572 W State Rd 426 # 3040 (b) 2572 W State Rd 426 # 3040
 Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*
OVIEDO, FL 32765 OVIEDO, FL 32765

3. 06/29/2018 4. L18000159743
 Date of filing/registration in Florida Document number

5. (a) MENDOZA FONSECA, GUILLERMO A, DR , 1355 S INTERI
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1355 S INTERNATIONAL PARKWAY SUITE 1461 LAKE MA
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
1355 S INTERNATIONAL PARKWAY SUITE 1461
LAKE MARY, FL 32746

(b) MENDOZA FONSECA, GUILLERMO A, DR
 Enter name of NEW Registered Agent and/or NEW Registered Office address:
2572 W State Rd 426 # 3040 OVIEDO, FL 32765
NEW Registered Office Address:
2572 W State Rd 426 # 3040
OVIEDO, FL 32765

FILED
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 TALLAHASSEE, FLORIDA
 SECRETARY OF STATE

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 article of organization or the operating agreement of the limited liability company.

Guillermo A. Mendoza MENDOZA FONSECA, GUILLERMO A, DR
 Signature of a member or authorized representative of a member 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.

Guillermo A. Mendoza
 Signature of Registered Agent