Apr. 7. 2019 -2:43PM

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EXAMINER

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Corporate Filing Menu

Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

1. Name of the limited liability company: 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) 3. Date of filing/registration in Florida 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: One Independent Drive, Suite 1300 Jacksonville, FL 32202 (b) Enter name of NEW Registered Agent NEW Registered Office Address: NEW Registered Office Address: NEW Registered Office Address: One Independent Drive, Suite 1300 Jacksonville, FL 32202 (b) Enter name of NEW Registered Agent NEW Registered Office Address: One Independent Drive, Suite 1300 Jacksonville, FL 32202 (b) Enter name of NEW Registered Agent NEW Registered Office Address: One Independent Drive, Suite 1300 Jacksonville, FL 32202 (c) In Franklin Street, Suite 2200 Impa FL 33602 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 repositered agent will be identical. Or, in the case of a Florida limited liability company, it is thereby 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 of a member of a member of the provisions of all signular prelative to the proper and complete performance of my duties of my position as registered agent approvided for in Chapter 606, P. S. Or of this decumplat is being filed to merely reflect a change in the registered office address. Health of the proper and complete performance of my duties of my position as registered office. Signature of Registered Agent Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314	Bursuant to the provisions of sections 608.416 or 608.508, 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.	
(Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) December 27, 2001 3. Date of filing/registration in Florida 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: One independent Drive, Suite 1300 Jacksonville, FL 32202 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Office Address: NEW Registered Office Address: NEW Registered Office Address: Oran Independent Drive, Suite 1300 Jacksonville, FL 32202 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Office Address: Oran Independent Drive, Suite 1300 Jacksonville, FL 32202 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Office Address: Oran Independent Drive, Suite 1300 Jacksonville, FL 32202 (c) The Dunsford, Esquire GravRobinson, P.A. 201 N. Franklin Street, Suite 2200 Tampa Florida 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 or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. J. H. Cho, M.D. 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 in an agailed, with and accept the proper and complete performance of my duties, and in an agailed, with and accept the proper and complete performance of my duties, and in an agailed, with and accept the proper and complete performance of my duties, and in a mainter with and accept the proper and complete performance of my duties, and in a mainter with an	1. Name of the limited liability company:	J. H. Cho, MD, LLC
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/ FILING FEE: \$25.00		

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