

M130000000807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

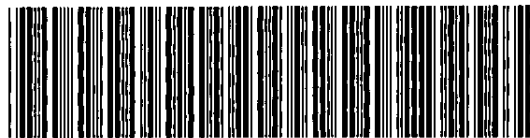
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13 APR 24 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



623372

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 25, 2013

SUSIE KNIGHT
CSC
TALLAHASSEE, FL

SUBJECT: HEALTH SPHERE, LLC
Ref. Number: M13000000807

RESUBMIT

Please give original
submission date as file date.

We have received your document for HEALTH SPHERE, LLC and authorization to debit your account in the amount of \$25.00. However, document has not been filed and is being returned for the following:

Because HEALTH SPHERE, LLC is a Delaware LLC it cannot use the Florida LLC Amendment form.

To change the Registered Agent, you will have to submit a separate R.A. Change form and pay a separate \$25.00 fee.

To change the Managers, you could submit an AFFIDAVIT TO CHANGE MANAGERS OR MANAGING MEMBERS form. This would require a \$25.00 payment.

You could also file a FOREIGN LLC AMENDMENT, but the FOREIGN LLC AMENDMENT would require some sort of certification from Delaware.

You could change the principal office address and the mailing address for free by sending an e-mail to us from our sunbiz website.

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) 245-6051.

Buck Kohr
Regulatory Specialist II

Letter Number: 613A00009983

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY*

ACCOUNT NO. : I20000000195

REFERENCE : 623372 7935872

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : April 24, 2013

ORDER TIME : 9:48 AM

ORDER NO. : 623372-010

CUSTOMER NO: 7935872

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CHANGE OF AGENT

NAME: HEALTH SPHERE, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEALTH SPHERE, 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:

Daniel Bensimon

Name of Person

DORBEN CORPORATE SERVICES, LLC

Firm/Company

7200 West Camino Real, Suite 214

Address

Boca Raton, Florida 33433

City/State and Zip Code

Dbensimon@dorotbensimon.com

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

For further information concerning this matter, please call:

Daniel Bensimon

Name of Person

at (561) 218-4947

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

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TALLAHASSEE, FLORIDA

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

Pursuant 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.

1. Name of the limited liability company: HEALTH SPHERE, LLC

2. (a) Principal office address of limited liability company: 7200 West Camino Real, Suite 214
Boca Raton, Florida 33433
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 7200 West Camino Real, Suite 214
Boca Raton, Florida 33433
(Note: MAY BE POST OFFICE BOX)

02/04/2013

3. Date of filing/registration in Florida

M13000000807

4. Document number

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

Registered Agent: Frank F. Ocque

Registered Office Address: 5201 Blue Lagoon Drive, 9th Floor
Miami, Florida 33126

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

NEW Registered Agent: DORBEN CORPORATE SERVICES, LLC

NEW Registered Office Address: 7200 West Camino Real, Suite 214
(MUST BE FLORIDA STREET ADDRESS) Boca Raton, Florida 33433
FL

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.

Daniel Bensimon
Signature of a member or authorized representative of a member

Daniel Bensimon
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 608, 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.

Daniel Bensimon
Signature of Registered Agent

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