## Florida Department of State

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Account Name ; CORPORATE CREATIONS INTERNATIONAL INC

Account Number : 110432003053

Phone : (561)694-8107
Fax Number : (561)694-1639

\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please .\*\*

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## LLC REGISTERED AGENT CHANGE FIRST CHOICE MEDICAL SUPPLY, LLC

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S. WARREN

'JUN 0 9 2017

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

1. The name of the limited liability company is:	irst Choice Medical Supply LLC
2. (a) Principal office address of the limited liability comag	ony: 2155-1 NORTH ELLIS ROAD
(Note: MUST BE STREET ADDRESS)	JACKSONVILLE FL 32254
(b) Mailing address of limited liability company;	PO Box 22769
(Note: MAY BE POST OFFICE BOX)	_ · <u>V pvo asivo</u>
	Jackson MS 39225
1/28/2008	M0800000460
3. Date of filing/registration in Florida	4. Document number
5.(a) Registered Agent and Registered Office sho	wn on the records of the Florida Dept. of State:
Registered Agent	REGISTERED AGENT SOLUTIONS INC
Registered Office Address:	155 OFFICE_PLAZA DR
	STB A
	TALLAHASSEE FL 32301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address;
NEW Registered Agent:	Corporate Creations Network Inc.
NEW Registered Office Address:	11380 Prosperity Farms Road #221E
(MUST BE FLORIDA STREET ADDRESS)	
	Palm Beach Gardens FL 33410
or changes are made, the Florida street address of the regis identical. Or, in the case of a Florida limited liability com-	laws of the State of Florida, it is hereby confirmed that after the change tered office and the business office of the registered agent will be pany, it is hereby confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of organization or
Natasha Duke, Attorney-in-Fact (Printed or Typed name of signos)	<del></del>
of all statutes relative to the proper and complete performa my position as registered agent as provided for in Chapter	tree to act in this capacity. I further agree to comply with the provision, ince of my duties, and I am familiar with and accept the obligations of 605, F.S. Or, if this document is being filed to merely reflect a change mited liability company has been notified in writing of this change.
Division of Corporations, P.	D. Box 6327; Tailahassee, FL 32314
INHS18(10/99)	
Corporate Creations International Inc.	<b>⊼</b> ∉ <b>7</b>

Corporate Creations International Inc. 11380 Prosperity Farms Road #221E Palm Beach Gardens FL 33410 (561) 694-8107 FILED

17 JUN-8 AN 9: 44

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IALLAHASSEE, SELORIDA

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