L19000074038

(Requestor's Name)

(Address)

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COVER LETTER

): Registration Section
Division of Corporations

CDG Medical, LLC
UBJECT: _____
Name of Limited Liability Company

ear Sir or Madam:

ie enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

ease return all correspondence concerning this matter to the following:

istin Kelly
_____
Name of Person

DG Medical, LLC
_____
Firm/Company

711 N Dale Mabry Hwy
_____
Address

nz, FL 33548
_____
City/State and Zip Code

lo@cannabisdocgroup.com
_____
E-mail address: (to be used for future annual report notification)

r further information concerning this matter, please call:

istin Kelly 813 504-1258
_____ at (_____) _____
Name of Person Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

■ $25 Filing Fee ☐ $55 Filing Fee & Certified Copy

HS18 (2/14)

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

rsuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company bmits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Name of the limited liability company: CDG Medical, LLC

(a) 1711 N Dale Mabry Hwy, Lutz, FL 33548
Principal office address of limited liability company:
(*Note: MUST BE STREET ADDRESS*)

(b) 1711 N Dale Mabry Hwy, Lutz, FL 33548
Mailing address of limited liability company:
(*Note: MAY BE POST OFFICE BOX*)

03/15/2019
Date of filing/registration in Florida

4. L19000074038
Document number

(a) Richard C Kelly
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (*MUST BE FLORIDA STREET ADDRESS*)
5429 Lookout Pass
Wesley Chapel, FL 33544

(b) Austin C Kelly
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:
27402 BONTERRA LOOP APT 409
WESLEY CHAPEL, FL 33544

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TALLAHASSEE, FLORIDA

he limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the nge or changes are made, the Florida street address of the registered office and the business office of the registered nt will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) s/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in articles of organization or the operating agreement of the limited liability company.

gnature of a member or authorized representative of a member

Austin Kelly
Printed or typed name of signee

ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed nerely reflect a change in the registered office address, I hereby confirm that the limited liability company has been fied in writing of this change.

nature of Registered Agent

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