

LD 00000 15274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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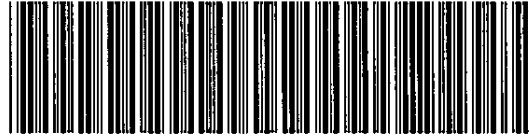
(Business Entity Name)

(Document Number)

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JUN 27 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M + J Anesthesiology, 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:

Heather McDonough
Name of Person

McDonough CPA Solutions, PA
Firm/Company

445 W. Merritt Ave.
Address

Merritt Island, FL 32953
City/State and Zip Code

heather@mcDonoughcpasolutions.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heather McDonough at (321) 453-6256
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: M J Anesthesiology, LLC

2. (a) 10951 Coppola St. (b) 10951 Coppola St.

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

Las Vegas, NV 89141

Las Vegas, NV 89141

3. 12/04/00
Date of filing/registration in Florida

4. L00000015274
Document number

5. (a) Michael L. Delk
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

280 N. Tropical Trail
Merritt Island, FL 32953

(b) Heather K. McDonough
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

445 W. Merritt Ave.
NEW Registered Office Address:

Melbourne, FL 32953

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TALLAHASSEE, FLORIDA

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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.

Jena M Delk CFO
Signature of a member or authorized representative of a member

Jena Delk, CFO
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.

Heather K McDonough
Signature of Registered Agent