## L01000002195

| (Re                       | equestor's Name)   |             |
|---------------------------|--------------------|-------------|
| (Ad                       | ldress)            |             |
| (Ac                       | ldress)            |             |
| (Cit                      | ty/State/Zip/Phone | e #)        |
| PICK-UP                   | ☐ WAIT             | MAIL        |
| (Bu                       | siness Entity Nan  | ne)         |
| (Do                       | cument Number)     |             |
| Certified Copies          | _ Certificates     | s of Status |
| . Special Instructions to | Filing Officer:    |             |
|                           |                    |             |
|                           | ·                  |             |
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Office Use Only



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SECRETARY OF STATE

ALLAHASSEF ELOBOA

T. HAMPTON AUG 1 1 2008

**EXAMINER** 

## **COVER LETTER**

| TO: Registration Section Division of Corporations   |  |  |
|---|--|--|
| SUBJECT:IMC-HEARTWAY, L.L.C   |  |  |
| (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:                   |  |  |
| James J. Chang (Name of Person)   |  |  |
|   |  |  |
| IMC-HEARTWAY, L.L.C   |  |  |
| (Firm/Company)  |  |  |
| 13050 Metro Parkway, Bay#5  |  |  |
| (Address)   |  |  |
| Tt. Myers, FL 33966 (City/State and Zip Code)   |  |  |
| (City/State and Zip Code)   |  |  |
| For further information concerning this matter, please call:                                |  |  |
| Wendy Kuo at (239) 275-6767 Exx:15  |  |  |
| (Name of Person) (Area Code & Daytime Telephone Number)                                     |  |  |
| STREET/COURIER ADDRESS: MAILING ADDRESS:  |  |  |
| Registration Section Registration Section Division of Corporations Division of Corporations |  |  |
| Clifton Building P.O. Box 6327  |  |  |
| 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301          |  |  |
| Enclosed is a check for the following amount:   |  |  |
| ▼\$25 Filing Fee  |  |  |

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

company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability IMC-HEARTWAY, 1. Name of the limited liability company: 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 010000021 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: (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**: **NEW** Registered Agent: **NEW** Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 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. (Signature of a member or authorized representative of a member) (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 auties, 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 limited company has been notified in writing of this change.

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

INHS18 (05/08)

(Signature of Registered Agent)

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