

LO1000008519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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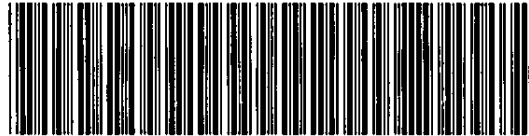
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

SEP 23 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: All Florida Respiratory, 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:

Calvin L. Cook
Name of Person

Florida Sleep Solutions, Inc
Firm/Company

3301 SW 34th Cir, Suite 303
Address

Ocala FL 34474
City/State and Zip Code

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

For further information concerning this matter, please call:

Calvin Cook at (352) 873-7500
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: All Florida Reservoir, LLC
2. (a) 13940 Hwy 441, Bldg 900, Suite 905 (b) 3301 SW 34th Cir Suite 303
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

Lady Lake FL 32159

Orala, FL 34474

3. 05/24/2001 Date of filing/registration in Florida 4. L01000008519 Document number

5. (a) Henry T. Fletcher
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

160 Ivy Lakes DR
Jacksonville, FL 32259, FL 32259

- (b) Calvin L Cook
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

3301 SW 34th Cir, Suite 303
Orala, FL 34474

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

Henry T. Fletcher
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.


Signature of Registered Agent

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

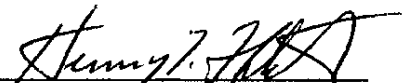
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SECRETARY OF STATE

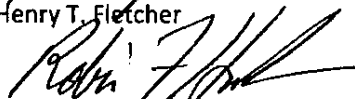
**RESIGNATION AS OFFICER AND DIRECTOR
OF
ALL FLORIDA RESPIRATORY, LLC**

The undersigned hereby resigns, effective as of the date set forth below from any office they may hold in ALL FLORIDA RESPIRATORY, LLC., a Florida Limited Liability Company.

The undersigned further resigns, effective as of the date set forth below, as a Director of ALL FLORIDA RESPIRATORY, LLC, a Florida Limited Liability Company, if currently serving in such role.

Dated and effective as of September 1, 2015.


Henry T. Fletcher


Robin F. Hessler


Robert E. Fletcher