



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 29, 2016

SALFI LAW
DOMINICK J. SALFI, ESQ.
999 DOUGLAS AVE, STE. 3324
ALTAMONTE SPRINGS, FL 32714

SUBJECT: AMERICAN WORKERS' COMPENSATION PRESCRIPTIONS, LLC
Ref. Number: L03000030401

We have received your document for AMERICAN WORKERS' COMPENSATION PRESCRIPTIONS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 516A00025376

RECEIVED
2016 DEC 12 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: American Workers' Compensation Prescription, 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:

Dominick J. Salfi, Esq.

Name of Person

Salfi Law, P.A.

Firm/Company

999 Douglas Avenue, Suite 3324

Address

Altamonte Springs, FL 32714

City/State and Zip Code

service@salfi.com; dom@salfi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dominick J. Salfi, Esq.

407

774-2700

at (_____) _____

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.

American Workers' Compensation Prescription, LLC

1. Name of the limited liability company: _____

2. (a) _____ (b) _____
 Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*
 307 Cranes Roost Blvd., Suite 1040 307 Cranes Roost Blvd., Suite 1040
 Altamonte Springs, FL 32701 Altamonte Springs, FL 32701

3. 8/15/2003 4. L03000030401
 Date of filing/registration in Florida Document number

5. (a) _____
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
John E. Duvall, Esq.

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
 225 Water Street, Suite 710
 Jacksonville, FL 32202

FILED
 2016 DEC 12 PM 12:01
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

(b) _____
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
Dominick J. Salfi, Esq.
NEW Registered Office Address:
999 Douglas Avenue, Suite 3324
 Altamonte Springs, FL 32714

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.

Wilfred J. Roy, MGRM

 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 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