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(Requ	uestor's Name)					
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PICK-UP	☐ WAIT	MAIL				
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(Document Number)						
Certified Copies	Certificates	of Status				
Special Instructions to Filing Officer:						
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JUL 16 2015
J. HARRIS

COVER LETTER -

TO:	Registration Section Division of Corporations						
SUBJI	ROCHE MONITORING SER	VICES, LLC					
0020		e of Limited Lia	bility Company				
Dear S	ir 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:							
MELI	SA MARTIN						
	Name of Person		_				
	Name of reison						
ROCHE MONITORING SERVICES, LLC							
	Firm/Company		_				
4107	NORTH HIMES AVENUE, 2ND F	LOOR	_				
	Address						
TAM	PA, FLORIDA 33607		_				
	City/State and Zip Code						
MISS	SY@ROCHESURETY.COM						
Ī	E-mail address: (to be used for future ann	ual report notific	eation)				
For further information concerning this matter, please call:							
MELI	SA MARTIN	813 at (623-5042				
	Name of Person		Area Code & Daytime Telephone Number				
	STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section						
	Division of Corporations Clifton Building Division of Corporations 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 & Certified Copy						

INHS18 (2/14)

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.	Na	me of the limited liability company:	ROCHE MONIT	rorin	G SERVI	CES, LLC		
2.	(a)	ROCHE MONITORING SERVI	CES, LLC	(b)	ROCHE I	MONITORII	NG SER	RVICES, LLC
	()	Principal office address of limited lia (Note: MUST BE STREET A.	•	. (-)		ailing address of (Note: MAY BE		
		4107 NORTH HIMES AVE, 2N	ND FLOOR	_	4107 NOF	RTH HIMES	SAVE, 2	ND FLOOR
		TAMPA, FLORIDA 33607			TAMPA, F	FLORIDA 3	3607	
		07/02/2004		Ĺ	.04000050	0074		
3.		Date of filing/registration in	Florida	4.	I	Document num	nber	
5.	(a)	MELISA MARTIN						
	()	Registered Agent and Registered Office show	n on the records of the	Florida l	Dept. of State:			
		ROCHE MONITORING SERV	/ICES, LLC					
		Registered Office Address (MUST BE F)	L <u>ORIDA STREET AD</u>	DRESS)				
		1910 ORIENT ROAD						
		TAMPA	EI 3:	3619				
	٠		, 1 L				7 F F	5
	(b)	MELISA MARTIN						ان پ
	. ,	Enter name of <u>NEW Registered Agent</u> and/o	or NEW Registered O	ffice add	ress:			
		ROCHE MONITORING SERVICES, LLC						F PA
		NEW Registered Office Address:						÷.
		4107 NORTH HIMES AVENU	E, 2ND FLOOR					5
		TAMPA	, FL_3	3607				
the age wa	e cha ent v is/we	imited liability company is not organiange or changes are made, the Florida will be identical. Or, in the case of a Fere authorized by an affirmative vote cless of organization or the operating a	street address of the Florida limited liab of the members of t	ne regist ility cou the limi mited li	ered office a npany, it is ted liability	and the busing thereby confir company or a pany.	ess office med that	of the registered the change(s)
نسر	Signa	ture of a member or authorized representative	of a member			Printed or typed	name of sig	nee
I l pro the to no	here ovisi e obl mer tiffe	by accept the appointment as register ions of all statutes relative to the propligations of my position as registered of the proplet of the registered of the writing of this change.	ed agent and agree er and complete pe agent as provided j office address, I he	e to act erforma for in C reby co	in this capac nce of my di hapter 605, nfirm that th	city. I further uties, and I ar F.S. Or, if th he limited liab	agree to n familiar is docume vility comp	comply with the with and accept ent is being filed pany has been
نت	chá:	ne of Registered Agent						