

205 0000 48706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

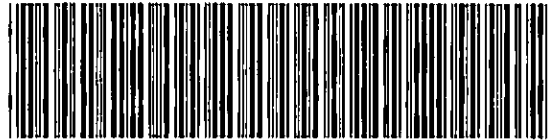
(Business Entity Name)

(Document Number)

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STATE OF ALABAMA  
TALLAHASSEE, FL

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ALTAMONTE SPRINGS PROFESSIONAL BUILDING, 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:

George F. Indest III

\_\_\_\_\_  
Name of Person

The Health Law Firm, P.A.

\_\_\_\_\_  
Firm/Company

1101 Douglas Avenue, Suite 1000

\_\_\_\_\_  
Address

Altamonte Springs, Florida 32714

\_\_\_\_\_  
City/State and Zip Code

CourtFilings@TheHealthLawFirm.com

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

For further information concerning this matter, please call:

George F. Indest III

407

331-6620

\_\_\_\_\_  
Name of Person

at ( \_\_\_\_\_ )

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

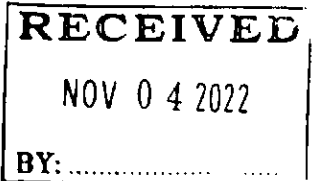
**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 1, 2022

GEORGE F. INDEST III  
ALTAMONTE SPRINGS PROFESSIONAL BLDG  
1101 DOUGLAS AVENUE, STE 1000  
ALTAMONTE SPRINGS, FL 32714

SUBJECT: ALTAMONTE SPRINGS PROFESSIONAL BUILDING, LLC  
Ref. Number: L05000048706

We have received your document for ALTAMONTE SPRINGS PROFESSIONAL BUILDING, 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):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 322A00024517

REC

2022 NOV 21 PM 1:52

1101

**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: ALTAMONTE SPRINGS PROFESSIONAL BUILDING, LLC

2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)

1101 DOUGLAS AVE., STE. 1000

ALTAMONTE SPRINGS, FL 32714

(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

1101 DOUGLAS AVE., STE. 1000

ALTAMONTE SPRINGS, FL 32714

05/16/2005

L05000048706

3. Date of filing/registration in Florida

4. Document number

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

GEORGE F. INDEST III, P.A.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1101 DOUGLAS AVE., STE. 1000

ALTAMONTE SPRINGS, FL 32714

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

THE HEALTH LAW FIRM, P.A.

NEW Registered Office Address:

1101 DOUGLAS AVENUE, SUITE 1000

ALTAMONTE SPRINGS, FL 32714

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STATE DEPT. OF  
CORPORATIONS

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.

George F. Indest III  
Signature of a member or authorized representative of a member

George F. Indest III, Legal Representative/Attorney  
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.*

George F. Indest III, Pres.  
Signature of Registered Agent