

LO5000101164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700263488577

08/25/14--01050--015 **25.00

FILED
14 AUG 25 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PM
9-2-14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Comfort Medical Supply 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:

Daniel McMurray Receiver

Name of Person

Focus Management Group USA Inc

Firm/Company

5001 West Lemon St

Address

Tampa, FL 33609

City/State and Zip Code

m.doland@focusmg.com

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

For further information concerning this matter, please call:

Michael Doland

at (813)

281-0062

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

FILED
14 AUG 25 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: Comfort Medical Supply LLC
2. (a) 5001 West Lemon St (b) 5001 West Lemon St
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
Tampa, FL 33609 Tampa, FL 33609
3. 10/13/2005 effective 10/10/2005 4. L05000101164
Date of filing/registration in Florida Document number
5. (a) Glenn R Padgett
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1540 Cornerstone Blvd
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Ste 230
Daytona Beach, FL 32174
- (b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:
Daniel McMurray Receiver
NEW Registered Office Address:
5001 West Lemon St
Tampa, FL 33609

FILED
14 AUG 25 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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]
Signature of a member or authorized representative of a member

Daniel McMurray Receiver
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]
Signature of Registered Agent