

LD5000112388

Hosp. Medical

(Requestor's Name)

4601 E. Moody Blvd

(Address)

Unit A1

(Address)

Bunnell, FL 32110

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

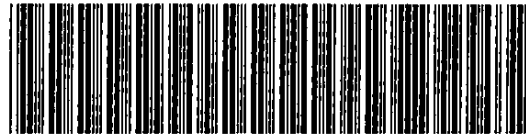
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TALLAHASSEE, FLORIDA

DEC 13 2006



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 5, 2006

HOSP. MEDICAL
4601 E. MOODY BLVD.
UNIT A1
BUNNELL, FL 32110

SUBJECT: HOSPITALITY OXYGEN AND MEDICAL EQUIPMENT, LLC
Ref. Number: L05000112388

We have received your document for HOSPITALITY OXYGEN AND MEDICAL EQUIPMENT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The new Registered Agents address is not legible.

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) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 206A00069656

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: Hospitality Oxygen and Medical Equipment, LLC
2. The mailing address of the limited liability company is: 4602 E. Highway 100, unit A1
Bunnell, FL 32110

- 11/21/05 3. Date of filing/registration in Florida
L05000112388 4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Corporation Service Company
Name
1201 Hays ST
Address
Tallahassee, FL 32301
City, State and Zip

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TALLAHASSEE, FLORIDA

6. The name and address of the new registered agent and/or office:

Thomas Nugent
Name
30 Limestone Path
Florida street address (P.O. Box NOT acceptable)
Palm Coast, FL 32164
City, State and Zip

Mr. Thomas Nugent
30 Limestone Path
Palm Coast, FL 32164-5880

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.

Thomas Nugent
(Signature of a member or authorized representative of a member)

Thomas Nugent
(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 608, 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.

Thomas Nugent
(Signature of Registered Agent)

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

FILING FEE: \$25.00