

LD 0000043182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

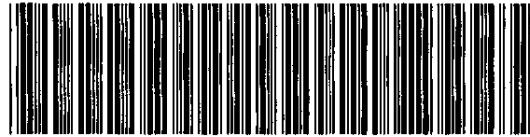
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Family Medicine of Weston, LLC Change of
Name of Limited Liability Company Address

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:

Claudia Horillo Rengifo
Name of Person

Family Medicine of Weston, LLC
Firm/Company

2300 N. Commerce Parkway Suite 310
Address

Weston, FL 33326
City/State and Zip Code

caludiam1@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Claudia Horillo Rengifo at (954) 217-3354
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 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. Name of the limited liability company: Family Medicine of Weston
2. (a) Principal office address of limited liability company: 2300 N. Commerce Pkwy

(Note: **MUST BE STREET ADDRESS**)

Suite 310
Weston, FL 33326

- (b) Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

2300 N. Commerce Pkwy
Suite 310
Weston, FL 33326

04/26/2006

3. Date of filing/registration in Florida

206000043182

4. Document number

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

Registered Agent:

Murillo Rengifo, Claudia

Registered Office Address:

3933 E. Hibiscus St
Weston, FL 33332

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

NEW Registered Agent:

N/A

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

2300 N. Commerce Pkwy
Suite 310
Weston, FL 33326

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 of a member or authorized representative of a member

Printed or typed name of signer

Claudia Murillo Rengifo

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.

Signature of Registered Agent

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

FILING FEE: \$25.00