

L060000053808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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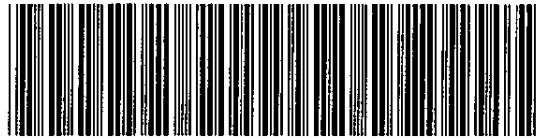
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08 NOV 17 AM 8:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OAKSTEAD INTERNAL MEDICINE, 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:

JANET D HEINIG
(Name of Person)

OAKSTEAD INTERNAL MEDICINE, LLC
(Firm/Company)

6340 W. MACLAURIN DR
(Address)

TAMPA, FL 33647
(City/State and Zip Code)

For further information concerning this matter, please call:

JANET D HEINIG at (813) 220-7316
(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: OAKSTEAD INTERNAL MEDICINE, LLC +

2. (a) Principal office address of limited liability company: 6340 W. MACLAURIN DR. +
(Note: **MUST BE STREET ADDRESS**) TAMPA, FL 33647 +

(b) Mailing address of limited liability company: SAME AS ABOVE +
(Note: **MAY BE POST OFFICE BOX**)

5/24/2006 L06000053868
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:

Registered Agent: JANET D HEINIG

Registered Office Address: 8907 MAGNOLIA CHASE CIR
TAMPA, FL 33647 +

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

NEW Registered Agent: _____

NEW Registered Office Address: 6340 W MACLAURIN DR
(**MUST BE FLORIDA STREET ADDRESS**) TAMPA FL 33647

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.

Janet D Heinig
(Signature of a member or authorized representative of a member)

JANET D HEINIG
(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.

Janet Heinig
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

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08 NOV 17 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA