

LD6000062994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

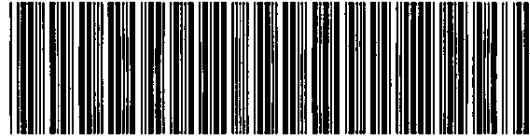
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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S Warren

SEP 23 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 13, 2016

LAWRENCE FELDMAN
48 PALM AVENUE
MIAMI BEACH, FL 33139

SUBJECT: MED PROPERTIES VIII, LLC
Ref. Number: L06000062994

We have received your document for MED PROPERTIES VIII, LLC and your check(s) totaling \$105.00. 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 - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

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) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 816A00019385

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MED PROPERTIES VIII 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:

LAWRENCE FELDMAN
Name of Person

Med Properties VII LLC
Firm/Company

48 Palm Ave
Address

Miami Beach FL 33139
City/State and Zip Code

LARRY IN MIAMI @ GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lawrence Feldman at (305) 608-9544
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 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: Med Properties VIII LLC

2. (a) 48 Palm Ave Miami Bch (b) same
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

48 Palm Ave
Miami Beach FL 33139

3. 06/21/06 4. L06000006 2993
Date of filing/registration in Florida Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1200 S. PINE ISLAND Rd
Miami FL 33324

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

NEW Registered Office address:
48 PALM AVE
Miami BEACH FL 33139

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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

Lawrence Feldman manager
Printed or typed name of signer

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