

L06000064774

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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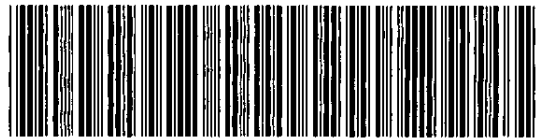
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 FEB 13 AM 11:30

T. HAMPTON
FEB 16 2009
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Family Medical Supplies of Volusia, 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:

Cheryl Carl
(Name of Person)

Family Medical Supplies of Volusia LLC
(Firm/Company)

35 Pebble Beach Drive
(Address)

Palm Coast, FL 32164
(City/State and Zip Code)

For further information concerning this matter, please call:

Cheryl Carl at (386) 445-6451
(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 Medical Supplies of Volusia, LLC

2. (a) Principal office address of limited liability company: 35 Pebble Beach Dr
(Note: **MUST BE STREET ADDRESS**) Palm Coast FL 32164

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

6-23-06

3. Date of filing/registration in Florida

L06000064774

4. Document number

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

Registered Agent:

Joseph P. Jaquish

Registered Office Address:

1152 Landers St.
Ormond Beach, FL 32174

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

NEW Registered Agent:

Cheryl Carl

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

35 Pebble Beach
Palm Coast FL 32164

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 signee)

Cheryl Carl

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

INHS18 (05/08)

FILED
FEB 13 AM 11:30

SECRETARY OF STATE
DIVISION OF CORPORATIONS