

L060000084306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

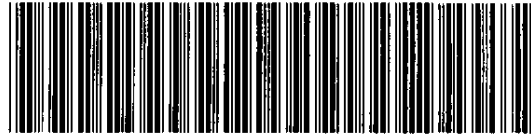
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700187451287

11/18/10--01012--021 **150.00

FILED
2010 NOV 18 AM 9:23
CLERK OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

NOV 22 2010

EXAMINER

KX Date/Time
Nov 04 10:01:34p

11/04/2010
Victory Int'l

13:37 7324175990

7324175990

P.008
p.8

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Miami Health District Holdings 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:

Allan Joseph

Name of Person

David & Joseph PL

Firm/Company

1001 Brickell Bay Drive, suite 2002

Address

Miami, FL 33131

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael VanPatten

Name of Person

at (732)

417-1040

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: Miami Health District Holdings LLC

2. (a) Principal office address of limited liability company: 75 Newfield Ave

☐ (Note: **MUST BE STREET ADDRESS**) Edison, NJ 08837

(b) Mailing address of limited liability company: _____

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

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: _____

Registered Office Address: _____

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

NEW Registered Agent:

Allan Joseph

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

David & Joseph PL

1001 Brickell Bay Drive Suite 2002

Miami, FL 33131

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

April K. Monga

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 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