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Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: BUSH ROSS, P.A. Account Number : Il9990000150

Phone

(813)224-9255

Fax Number : (813)223~9620 Celeste Perrino (9999999999)

## REGISTERED AGENT CHANGE

MEDLEASE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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G. MCLECO

JUL 16 2008

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**EXAMINER** 

7/15/2008

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## COVER LETTER

To:	Registration Section Division of Corporations				
	Division of Corporations				
SUE	BIECT: Medlease, LLC				
	(Name of Lin	nited Li	ability (	Company)	
Dea	r Sir or Madam:				
The	enclosed Registered Agent/Registered	Office (	Change	and fee(s) are submitted for filing	ž.
Plea	se return all correspondence concernin	ug this m	atter to	the following:	
	Celeste Parrino	•			8
	(Name of Person)				
	_Bush Ross, P.A.				-
	(Firm/Company)				C.I
	1801 North Highland Aven	ле			R
	(Address)				ထ္
	Tampa, Florida 33602				7
	(City/State and Zip Code)	•	_		
For	further information concerning this ma	utter, ple	ase call	ii.	
	Caleste Petrino	at (_	813	204-5425	
	(Name of Contact Person)	·	(Area	a Code& Daytime Telephone Nurr	iber)
	STREET/COURIER ADDRESS	;		MAILING ADDRESS:	
	Registration Section			Registration Section	
	Division of Corporations	•		Division of Corporations	
	2661 Executive Center Circle			P.O. Box 6327	
	Tallahassee, FL 32301			Tallahassee, FL 32314	
	Euclosed is a check for the follow	ing am	ount:	,	
	S25 Filing Fee		□ \$5	5 Filing Fee & Certified Copy	

525393.01

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INHS18 (8/05)

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 617.508, 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. The name of the limited liability company is: \_\_\_\_\_\_\_Modlesse, LLC 2. The mailing address of the limited liability company is: 550 Fairway Drive Deerfield Beach, FL, 33441 12/8/2006 L0<u>6000117309</u> Date of filing/registration if Florida 4. Document number 4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Joseph A. Probasco 220 S. Franklin Street Tampa, FL 33602 6. The name and address of the new registered agent and/or office: Bush Ross Registered Agent Services, LLC Name 1801 North Highland Avenue Florida street address (F.O. Box NOT acceptable) Tanna, Florida 33602 City, State and Zip If the limited liability company is not organized under the laws of the State of Florida, it is hereby confurmed that after the change or changes are made, the Plorida 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 an otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member or enthorized representative of a member) MEDEHOICE FINANCIAL (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 obligation of my position as registered agent as provided for in Chapter 608, F.S.. Of, if this document is being filed merely to reflect a change in the registered office address. I hereby confirm that the corporation has been notified to writing of this change. Karm Me Head (Signature of Registered Agent) Division of Corporations, P.O. Box 6327, Tallahussee, FL 32314 FILING FEE: \$25.00

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