

LO7000046934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

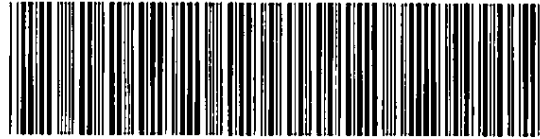
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Office Use Only



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S. CHATHAM
AUG 16 2023

2023 AUG 15 AM 11:45

PM 5:00

STATE
TALLAHASSEE, FLORIDA

2023 AUG 15 PM 3:31

RECEIVED

CT CORP
(850) 656- 4724
3558 lakesore Drive
Tallahassee, FL 32312

Date: 08/15/2023

Acc#I20160000072

en: c DW

Name:	PICC LINES PLUS LLC
Document #:	
Order #:	15081859 - 1

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>	Email Address for Annual Report Notifications: <div></div>
	Plain: <input type="checkbox"/>	
	COGS: <input type="checkbox"/>	

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **55.00**

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PICC LINES PLUS 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:

Finance

Name of Person

The PromptCare Companies, Inc.

Firm/Company

41 Spring Street, Suite 103

Address

New Providence, NJ 07974-1143

City/State and Zip Code

finance@promptcare.net

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

For further information concerning this matter, please call:

Sal Carlino at (732) 692-2838
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

INHS18 (2/14)

**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: PICC LINES PLUS LLC

2. (a) 300 Business Park Way Suite A-1 (b) 300 Business Park Way Suite A-1

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

Royal Palm Beach, FL 33411

Royal Palm Beach, FL 33411

05/02/2007

L07000046934

3. Date of filing/registration in Florida

4. Document number

5. (a) Patel, Dipti

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

300 Business Park Suite A-1

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

Royal Palm Beach, FL 33411

C T Corporation System

(b)

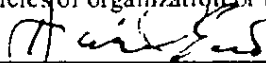
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

1200 South Pine Island Road

Plantation, FL 33324

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.



David Evans

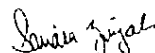
Signature of a member or authorized representative of a member

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 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.

By: C T Corporation System

Sandra Zwijack, Assistant Secretary



Signature of Registered Agent

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