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PICK-UP	☐ WAIT	MAIL			
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Certified Copies	_ Certificates	of Status			
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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	One Source Medical Group	, LLC			
00202	Name of Limited Liability Company				
Dear Si	r or Madam:				
The end	closed Registered Agent/Registered Off	ice Change and fe	e(s) are submitted for filing.		
Please 1	return all correspondence concerning th	is matter to the fo	llowing:		
Keath	el Chauncey, Esq.				
	Name of Person		-		
Fresh	Legal Perspective, PL				
	Firm/Company		•		
6930	W. Linebaugh Avenue				
	Address	,	-		
Tamp	a, FL 33625				
	City/State and Zip Code		-		
Conta	ct@BLTFL.com				
E-	mail address: (to be used for future ann	nual report notifica	ation)		
For furt	ther information concerning this matter	, please call:			
Keath	el Chauncey, Esq.	813	448-1042		
	Name of Person		Area Code & Daytime Telephone Number		
	TREET/COURIER ADDRESS: Legistration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 Tallahassee, Florida 32301		stration Section sion of Corporations Box 6327		
	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.

Name of the limited liability company: One Source Medical Group, LLC						
2	(a)	13505 lcot Blvd.	(b) 13505 lcot Blvd			
۷.	(α)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		Suite 209	Suite 20	09		
		Clearwater, FL 33760	Clearwa	ater, FL 33760		
		05/18/2007	L070000	53246		
3.		Date of filing/registration in Florida	4.	Document number		
5.	(a)	Fresh Legal Perspective, PL				
٥.	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 3802 Ehrlich Road					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
		Suite 308		_ **		
		Tampa ,FL	33624	- NO (2005)		
(b) Stesh Legal Perspective, PL						
	Enter name of NEW Registered Agent and/or NEW Registered Office address:					
		6930 W. Linebaugh Avenue				
		NEW Registered Office Address:		, Z &-		
			00005	_		
		Tampa , FL	33625	_		
the ag	e cha ent v as/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of a will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the registered office bility company, it If the limited liabili	the cand the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.		
	Signa	ture of a member or authorized representative of a member		Printed or typed name of signee		
I pr the to no	here ovisi e obi mer otifie	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change	ee to act in this cap performance of my I for in Chapter 60 ereby confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 15, F.S. Or, if this document is being filed the limited liability company has been		
S	mati	are of Registered Agent				