

L070000112529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

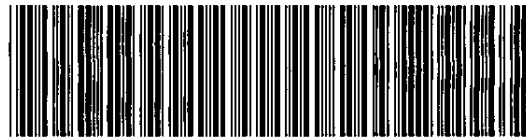
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200186382602

10/08/10--01008--017 **25.00

FILED
10 OCT - 8 PM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

OCT 11 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARTMEDICAL USA 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:

ERNESTO G. CARVALHO
Name of Person

ARTMEDICAL USA LLC
Firm/Company

9745 SW 72nd STREET suite 222
Address

Miami, FL 33173
City/State and Zip Code

CARVALHOERNESTO@hotmail.com
E-mail address: (to be used for future annual report notification)

FILED
10 OCT - 8 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

ERNESTO CARVALHO at (786) 344 3638
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: ARTMEDICAL USA LLC

2. (a) Principal office address of limited liability company: _____

☒ (Note: **MUST BE STREET ADDRESS**) 7353 Spring Villas Circle
(old) Orlando, FL 33173

(b) Mailing address of limited liability company: _____

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

3. Date of filing/registration in Florida 11/06/2007 4. Document number LO7000112529

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

Registered Agent: LARSON ACCOUNTING & CONSULT. SERVICE LLC

Registered Office Address: 7353 SPRING VILLAS CIRCLE
ORLANDO, FL 33173

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

NEW Registered Agent: SAME

NEW Registered Office Address: 9745 SW 72nd STREET
(**MUST BE FLORIDA STREET ADDRESS**) Suite 202
MIAMI, FL 33173

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.

Ernesto Carvalho
Signature of a member or authorized representative of a member

ERNESTO CARVALHO
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.

Ernesto Carvalho
Signature of Registered Agent

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

FILED
OCT-8 PM 1:00
CLERK OF STATE
TALLHASSEE, FLORIDA