

L07000126435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

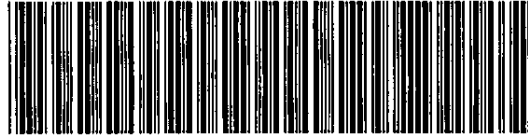
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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S MASON

2804 Gateway Oaks Drive #200 Sacramento, CA 95833

Phone (800)533-7272 Fax (800)603-5868

REFERENCE # MUST BE ON INVOICE TO BE PAID

NUMBER PAGES:

Date: November 24, 2015

AE: Nia Johnson

TO: Florida Department of State

H1080

REFERENCE: 928594

PO Box 6327

Tallahassee, FL 32314

FAX:

PLEASE PERFORM THE FOLLOWING:

A-SU-SALUD, LLC

Change of Registered Agent

IN: FL

SPECIAL INSTRUCTIONS: PLEASE REGULAR MAIL FILED COPY TO:

PARACORP INCORPORATED,

ATTN: NIA JOHNSON

2804 GATEWAY OAKS DR. #200

SACRAMENTO, CA 95833

PLEASE RETURN: Regular Mail

PLEASE CALL (800)533-7272 ATTN: Nia Johnson TO CONFIRM FILING RESULTS

RETURN TO: PARASEC - 2804 GATEWAY OAKS DRIVE #200 SACRAMENTO, CA 95833

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET
(800)533-7272

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(800)533-7272**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A SU SALUD, 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:

NIA JOHNSON

Name of Person

PARACORP INCORPORATED

Firm/Company

2804 GATEWAY OAKS DR. #200

Address

SACRAMENTO, CA 95833

City/State and Zip Code

annualreports@myparacorp.com

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

For further information concerning this matter, please call:

Nia Johnson

Name of Person

at (800) 909-3168

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 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: A SU SALUD, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

9101 E. BAY HARBOR DRIVE, SUITE 304

BAY HARBOR ISLANDS, FL 33154

Mailing address of limited liability company:

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

9101 E. BAY HARBOR DRIVE, SUITE 304

BAY HARBOR ISLANDS, FL 33154

12/21/2007

L07000126435

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:

A Su Salud LLC

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

155 OFFICE PLAZA DRIVE 1ST FLOOR

TALLAHASSEE, FL 32301

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

PARACORP INCORPORATED

NEW Registered Office Address:

155 OFFICE PLAZA DRIVE 1ST FLOOR

TALLAHASSEE, FL 32301

FILED
2015 NOV 30 P 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Sharon Cooke
Signature of a member or authorized representative of a member

Alberto Quiter
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.

Sharon Cooke, Sharon Cooke, Assistant Secretary
Signature of Registered Agent