

L080000082292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

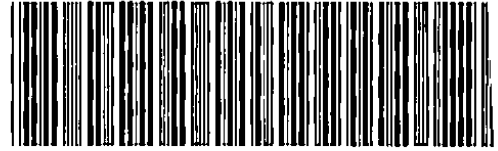
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



30033494185

103003612-01181

10/03/19-01012-03

2019 OCT -3 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SULKER
OCT 21 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA TRUST NETWORKS, 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:

Susy Cabrera, Esq.

Name of Person

Independent Living Systems, LLC

Firm/Company

5200 Blue Lagoon Drive, Suite 500

Address

Miami, FL 33126

City/State and Zip Code

legal@ilshealth.com

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

For further information concerning this matter, please call:

Susy Cabrera at (305) 262-1292 Ext. 106456

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
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: Florida Trust Networks, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

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

5200 Blue Lagoon Drive, Suite 500

Miami, FL 33126

Mailing address of limited liability company:

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

5200 Blue Lagoon Drive, Suite 500

Miami, FL 33126

08/28/2008

L08000082292

3. Date of filing/registration in Florida 4. Document number

5. (a) David C. Ristaino

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

5200 Blue Lagoon Drive, Suite 500

Miami, FL 33126

(b) Susy Cabrera, Esq.

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

Florida Trust Networks, LLC

NEW Registered Office Address:

5200 Blue Lagoon Drive, Suite 500

Miami, FL 33126

FILED
2019 OCT -3 AM 10:31
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.

Nestor J. Plana
Signature of a member or authorized representative of a member

Nestor J. Plana, Manager

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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and a the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being 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.

[Signature]
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00