

L08000097950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

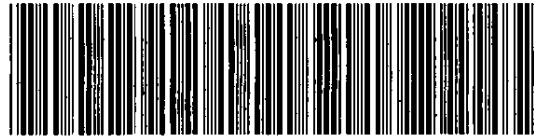
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FILED
10 JAN 19 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

JAN 20 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Flanders Health and Social Care 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:

Wilson Bezerra-Flanders, MA, LMHC
Name of Person

Flanders Health and Social Care, LLC
Firm/Company

4594 Tower Pine Road
Address

Orlando, FL 32839
City/State and Zip Code

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

For further information concerning this matter, please call:

Wilson Bezerra-Flanders at (305) 923-2444
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

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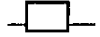
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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.

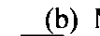
1. Name of the limited liability company: Flanders Health Health and Social Care, LLC

2. (a) Principal office address of limited liability company: 4594 Tower Pine Rd



(Note: MUST BE STREET ADDRESS)

Orlando, FL 32839



(b) Mailing address of limited liability company:

4594 Tower Pine Rd

(Note: MAY BE POST OFFICE BOX)

Orlando, FL 32839

10-17-2008

3. Date of filing/registration in Florida

L08000097950

4. Document number

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

Registered Agent:

Corporate Service Company

Registered Office Address:

1201 Hays Street
Tallahassee, FL 32301

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

NEW Registered Agent:

Wilson Bezerra-Flander, MA

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

4594 Tower Pine RD

Orlando, FL 32839

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10 JAN 19 PM 4:00
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.

Wilson Bezerra-Flander, MA

Signature of a member or authorized representative of a member

Wilson Bezerra-Flanders, MA, LMHC

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 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.

Wilson Bezerra-Flander, MA

Signature of Registered Agent

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

FILING FEE: \$25.00