

L08000 109977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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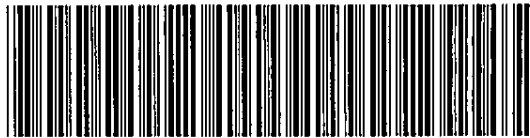
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
15 JUN -5 AM 3:45
TALLAHASSEE, FLORIDA

JUN 08 2015

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Edgar Facuseh, P.L.

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:

Edgar Facuseh

Name of Person

Edgar Facuseh, P.L.

Firm/Company

28 West Flagler Street - Suite 550

Address

Miami, Florida 33130

City/State and Zip Code

info@downtownmiamichiropractor.com

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

For further information concerning this matter, please call:

Edgar Facuseh

at (305) 667-4567

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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DIVISION OF CORPORATIONS
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TALLAHASSEE, FLORIDA

**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: Edgar Facuseh, P.L.

2. (a) _____ (b) _____

Principal office address of limited liability company:

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

1147 SW 78 Court

Miami, Florida 33144

Mailing address of limited liability company:

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

1147 SW 78 Court

Miami, Florida 33144

11/26/2008

L08000109977

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

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

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

1147 SW 78 Court

Miami, FL 33144

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

NEW Registered Office Address:

28 West Flagler Street - Suite 550

Miami, FL 33130

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JUN -5 AM 3:45
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.

Edgar Facuseh

Signature of a member or authorized representative of a member

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.

Signature of Registered Agent

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

FILING FEE: \$25.00