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(Red	questor's Name)	
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SECRETARY OF STATE
ALLAHASSEE FISIATE

J. BRYAN

JAN 1 5 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: HEALTH DESK LLC Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
The enclosed Registered Agent/Registered Office Change and rec(s) are submitted for fining.		
Please return all correspondence concerning this matter to the following:		
Sothy Alagaratnam		
Name of Person		
Health Desk LLC		
Pin Comment		
ARET		
10767 Garden Ridge Court		
Address		
10767 Garden Ridge Court Address Davie Fl 33328		
City/State and Zip Code		
Sothymano Quahoo.com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Sothy Alagaratnam at (954) 693 7813 Name of Person Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section MAILING ADDRESS: Registration Section		
Division of Corporations Division of Corporations		
Clifton Building P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
\$25 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.

Name of the limited liability company:	HEALTH DESK LLC	
2. (a) Principal office address of limited liability company	: 10767 Garden Ridge Court	
(Note: MUST BE STREET ADDRESS)	Davie FL 33328	
(b) Mailing address of limited liability company:	10767 Garden Ridge Court	
(Note: MAY BE POST OFFICE BOX)	Davie FI 33328	
February 13 th 2009	L09000014847	
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:	
Registered Agent:	Corporation Service Company	
Registered Office Address:	1201 Hays Street Tallahassee Fl 32301	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV NEW Registered Agent</u> : NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Sothy Alagaratnam 10767 Garden Ridge Court	
MUSI DE FLURIDA STREET ADDRESS	Davie ,FL 33328	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote	
SOTHY ALAGARATWAM Printed or typed name of signee	_	
I hereby accept the appointment as registered agent and a comply with the provisions of all statules relative to the providing and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office whas been notified in writing of this change.	
Division of Corporations, P.O. Box 63	27, Tallahassee, FL 32314	

FILING FEE: \$25.00