

LO9 000031919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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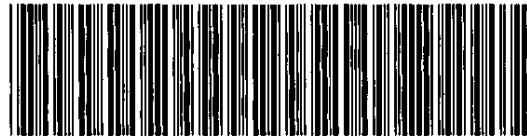
(Business Entity Name)

(Document Number)

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TREASURY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Relief Health Supply 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:

Justin Ferreira

Name of Person

Relief Health Supply LLC

Firm/Company

2901 W Cypress Creek Rd Ste 108

Address

Fort Lauderdale, FL 33309

City/State and Zip Code

info@reliefhealthsupply.com

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

For further information concerning this matter, please call:

John Pereira

Name of Person

at (954)

537-3380

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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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

FILED

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: Relief Health Supply LLC

2. (a) Principal office address of limited liability company: _____

(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 2901 W Cypress Creek Rd Ste 108

(Note: MAY BE POST OFFICE BOX)

Fort Lauderdale, FL 33309

4/1/09
3. Date of filing/registration in Florida

L09000031919
4. Document number

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

Registered Agent: Justin Ferreira

Registered Office Address: 2400 W Cypress Creek Rd Ste 139
Fort Lauderdale, FL 33309

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

NEW Registered Agent: Justin Ferreira

NEW Registered Office Address: 2901 W Cypress Creek Rd Ste 108
(MUST BE FLORIDA STREET ADDRESS) Fort Lauderdale, FL 33309

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.

Justin Ferreira
Signature of a member or authorized representative of a member

Justin Ferreira

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.

Justin Ferreira
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

Relief Health SUPPLY

To: Registration Section
Division of Corporations

RELIEF HEALTH SUPPLY, LLC
Florida document number L09000031919

The information that is listed for our company under **Manager/Member Detail** needs to be updated. Our office relocated from Suite #600 to #1600.

Updated Addresses for Management:

HENRY, CHRIS
110 E BROWARD BLVD. #1600
FORT LAUDERDALE FL 33301 US

FERREIRA, JUSTIN
110 E BROWARD BLVD. #1600
FORT LAUDERDALE FL 33301 US

Thank you in advance,
Alina Gavrushenko

Administrative Assistant
110 E. Broward Blvd. Ste 1600
Fort Lauderdale, FL 33301
Main Line: 954.537.3380 ext. 2001
Fax: 954.761.1095
Alina@Crisp-Marketing.com

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2012 AUG 23 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FL 32301