

209000047576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

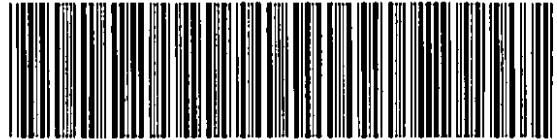
(Business Entity Name)

(Document Number)

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**FILED**  
2018 AUG - 8 PM 3:03  
SECRETARY OF STATE  
TALLAHASSEE, FL

UKS  
8.8.18



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 27, 2018

CHARLENE JOHNSON  
1095 JUPITER PARK DR STE 10  
JUPITER, FL 33458 US

SUBJECT: POIESIS MEDICAL, LLC  
Ref. Number: L09000047576

We have received your document for POIESIS MEDICAL, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU FAILED TO COMPLETE SECTION 5, A & B CORRECTLY.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Janeice L Smith  
Regulatory Specialist II  
Registration Section

Letter Number: 818A00015439



RECEIVED  
2018 AUG -8 AM 10:09

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Poiesis Medical 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:

Charlene Johnson

\_\_\_\_\_  
Name of Person

Poiesis Medical LLC

\_\_\_\_\_  
Firm/Company

1095 Jupiter Park Drive Suite 10

\_\_\_\_\_  
Address

Jupiter Florida 33458

\_\_\_\_\_  
City/State and Zip Code

charlene@poiesismedical.com

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

For further information concerning this matter, please call:

Greg Wiita

561-842-7560 X501

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_  
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 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: Poiesis Medical LLC

2. (a) Poiesis Medical LLC (b) \_\_\_\_\_

Principal office address of limited liability company:

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

1095 Jupiter Park Drive Suite 10

Jupiter Florida 33458

Mailing address of limited liability company:

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

Orig: 5/15/2009 Recent: 1/22/2018

L09000047576

3. Date of filing/registration in Florida

4. Document number

5. (a) Cooke, M. Christin

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

Cooke & Associates LLC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

140 Intracoastal Pointe Drive Suite 213

Jupiter, FL 33477

(b) Cooke, M Christine

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

Cooke & Associates LLC

NEW Registered Office Address:

140 Intracoastal Pointe Drive Suite 213

Jupiter, FL 33477

**FILED**  
**2018 AUG -8 PM 3:03**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FL**

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.

Charlene K. Johnson  
Signature of a member or authorized representative of a member

Charlene K Johnson

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.*

M. Christine Cooke  
Signature of Registered Agent