

Division of Corporations

Page 1 of 1

L0900059268
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : BUCHANAN INGERSOLL & ROONEY PC - TAMPA OFFICE
Account Number : 119990000148
Phone : (813) 769-7692
Fax Number : (813) 223-6121

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC REGISTERED AGENT CHANGE
MEDPURE, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$30.00

Electronic Filing Menu

Corporate Filing Menu

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J. HARRIS

H17000293473 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEDPURE, 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:

David Millner

Name of Person

Firm/Company

1905 Windward Way

Address

Vero Beach, FL 32963

City/State and Zip Code

david@millnergroupp.com

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

For further information concerning this matter, please call:

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

INHS18 (2/14)

H17000293473 3

H17000293473 3

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: MEDPURE, LLC
2. (a) N/A Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
- (b) N/A Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
3. 06/02/2009 Date of filing/registration in Florida
4. L09000054268 Document number
5. (a) Michael Millner
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
- Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
2055 NW Diamond Creek Way
Jensen Beach, FL 34957
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
- David Millner
NEW Registered Office Address
1905 Windward Way
Vero Beach, FL 32963

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.

Signature of a member or authorized representative of a member

David Millner

Printed or typed name of signer

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

INHS18 (2/14)

H17000293473 3