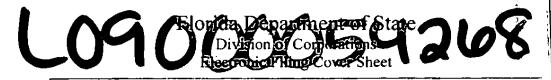
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Division of Corporations

Rage 1 of 1



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000293473 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

Fax Number : (850)617-6383

From:

Account Name : BUCHANAN INGERSOLL & ROONEY PC - TAMPA

Account Number : 119990000148

Phone : (813)769-7692 : (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. ##1

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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

J. HARRIS

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COVER LETTER:

	Registration Section Division of Corporations		
SUBJEC	MEDPURE, LLC		_
		of Limited Liability Company	
Dear Sir	or Madam:	•	
The enclo	osed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	
Please ret	turn all correspondence concerning this n	natter to the following:	
David N	Millner		
	Name of Person		
	Firm/Company		•
1905 W	vindward Way	1 25	
-	Address		
Vero Be	each, FL 32963		
	City/State and Zip Code		
david@	millnergroup.com		
Е-п	nail address: (to be used for future annua	report notification)	•
For furth	er information concerning this matter, plo	ease call:	
	Name of Person	at () Area Code & Daytime Telephone Numl	ber
S	STREET/COURIER ADDRESS:	MAILING ADDRESS:	
		Registration Section	
		Division of Corporations P.O. Box 6327	
2	2661 Executive Center Circle Fallahassee, Florida 32301	Tallahassee, Florida 32314	•
E	Enclosed is a check for the following an	nount:	•
C	□ \$25 Filing Fee	S55 Filing Fee & Certified Copy	
INHSI8 (2/14)		

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.

. (H)	N/A	(b) _	N/A	
. (4,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(5)	Mailing address of limited liability con (Note: MAY BE POST OFFICE I	
				1
	06/02/2009	LO	0900005426B	1
	Date of filing/registration in Florida	4.	Document number	1
. (a)	Michael Millner			4
\- <i>,</i>	Registered Agent and Registered Office shown on the records of	the Florida De	ept, of State;	
	Registered Office Address (MUST RE FLORIDA STREET A	ADDRESSI		
	2055 NW Diamond Creek Way		201	;
	Jensen Beach	34957		E
				er.z.
(b)				=
	Pinter manus of NEW Registered Agent and/or NEW Registered	Office addres	g:	
	David Millner		5	1
	NEW Registered Office Address,		<u> </u>	1
	1905 Windward Way			
	Vero Beach	32963		
e cho jent w as/we	imited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registen bility comp I the limited	ed office and the business office of the ranks, it is bereby confirmed that the char I liability company or as otherwise prov	registe méts)
		David	Millner	
	ure of a member or authorized representative of a member		Printed or typed name of signee	
heret	ov accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided for reflect a change in the registered office address. I h I'm writing of this change	ve to act in t performance I for in Chaj	this capacity. I further agree to comply e of my duties, and I am familiar with a pier 605, F.S. Or, if this document is be rm that the limit of the life.	with indiace
ovisie e obli mere Hified	in writing of this change.	егелу сіяціі	ен та ис иттей автик Стрицу на	

FILING FEE: \$25.00

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