

LD9000111484

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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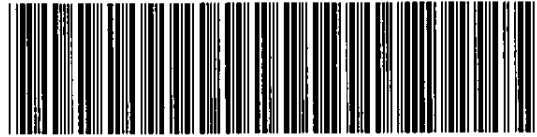
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32304
17 FEB 24 PM 2:08

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Activ Doctors Consult, 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:

Kimberly Heeney

Name of Person

Activ Doctors Consult, LLC

Firm/Company

235 SW 42ND AVEUE

Address

Coral Gables, FL 33134

City/State and Zip Code

kheeney@activdoctors.com

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

For further information concerning this matter, please call:

Kimberly Heeney
Name of Person

at 786, 518-2241
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 (7/14)

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STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
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**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.

- Activ Doctors Consult, LLC**
1. Name of the limited liability company: 235 SW 42ND Avenue
2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Coral Gables, FL 33134
- (b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3. 12/18/2012 Date of filing/registration in Florida
4. L09000111484 Document number
5. (a) NRAI Services, Inc
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
- Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1200 south Pine Road
Pantation, 33324
_____, FL _____
- (b) Greg Brogognoni-Borgognoni Law
Enter name of NEW Registered Agent and/or NEW Registered Office address:
2525 Ponce Deleon Blvd, suite 300
NEW Registered Office Address:

Coral Gables, 33134
_____, FL _____

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TALLAHASSEE, FLORIDA
17 FEB 24 PM 2:08

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

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