

L10000057730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500182602945

06/30/10--01005--010 **25.00

FILED
10 JUN 30 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

JUL -1 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: E 2 Care Medical Supplies 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:

James Deschamps
Name of Person

E 2 Care Medical Supplies LLC
Firm/Company

568 W Silver Star Ext
Address

Ocoee, FL 34761
City/State and Zip Code

Jdeschamps.ny@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Deschamps at (813) 347-8293
Name of Person 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

FILED
10 JUN 30 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: E Z Care Medical Supplies LLC
2. (a) Principal office address of limited liability company: 568 W Silver Star Ext
☒ Ocoee, FL 34761
(Note: MUST BE STREET ADDRESS)
- (b) Mailing address of limited liability company: 568 W Silver Star Ext
☒ Ocoee, FL 34761
(Note: MAY BE POST OFFICE BOX)
- 5/27/2010
3. Date of filing/registration in Florida
4. Document number L10000057730
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
- Registered Agent: James Deschamps
- Registered Office Address: 4412 Algonkin Bay Court
Tampa, FL 33611
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
- NEW Registered Agent:** _____
- NEW Registered Office Address:** 568 W Silver Star Ext
(MUST BE FLORIDA STREET ADDRESS) Ocoee, FL 34761

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

James Deschamps

I hereby accept the appointment as registered agent and agree to act in this capacity. I 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.

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

FILED
JUN 30 AM 10:27
TALLAHASSEE, FLORIDA
SECRETARY OF STATE