

L10 000 110549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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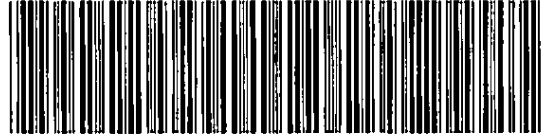
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
SEP 24 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DEANGELIS DIAMOND HEALTHCARE GROUP, 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:

Mike Traficante

Name of Person

GFPAC SERVICES, LLC

Firm/Company

5551 RIDGEWOOD DR., SUITE 501

Address

NAPLES, FL 34108

City/State and Zip Code

davidd@deangelisdiamond.com

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

For further information concerning this matter, please call:

Grant Goebel

Name of Person

at (239) 514-1000

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

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.

2. (a) DEANGELIS DIAMOND HEALTHCARE GROUP, LLC (b) DEANGELIS DIAMOND HEALTHCARE GROUP, LLC

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

6635 WILLOW PARK DRIVE

NAPLES, FL 34109

L10000110549

4. Document number

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

1415 PANTHER LANE, SUITE 340

NAPLES FL 34109

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

5551 RIDGEWOOD DR., SUITE 501

NAPLES , FL 34108

Signature of a member or authorized representative of a member

Printed or typed name of signee

Signature of Registered Agent