40000110549

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K. SALY SEP 24 2018

COVER LETTER

	gistration Section vision of Corporations	·				
SUBJECT	ECT: DEANGELIS DIAMOND HEALTHCARE GROUP, LLC					
	Name	of Limited Lial	pility Company			
Dear Sir or	Madam:					
The enclose	ed Registered Agent/Registered Offic	e Change and fe	ee(s) are submitted for filing.			
Please retu	rn all correspondence concerning this	matter to the fo	llowing:			
Miles Troi	Santa.					
Mike Tra	· · · · · · · · · · · · · · · · · · ·		_			
	Name of Person					
GFP#	AC SERVICES, LLC		_			
	Firm/Company					
555	51 RIDGEWOOD DR., SUITE 5	01	_			
	Address					
١	NAPLES, FL 34108					
	City/State and Zip Code		-			
davidd	@deangelisdiamond.com					
E-mai	l address: (to be used for future annu-	al report notific	ation)			
For further	information concerning this matter, p	lease call:				
Grant Go	ebel	at (239	514-1000			
	Name of Person		Area Code & Daytime Telephone Number			
ST	REET/COURIER ADDRESS:		LING ADDRESS:			
	gistration Section	_	stration Section			
	vision of Corporations		sion of Corporations Box 6327			
	fton Building 61 Executive Center Circle		hassee, Florida 32314			
	lahassee, Florida 32301	1 dila	massee, 1 1011da 32317			
En	closed is a check for the following a	mount:				
	\$25 Filing Fee	☑ \$55	Filing Fee & Certified Copy			

INHS18 (2/14)

* 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.

. (a)	DEANGELIS DIAMOND HEALTHCARE GROUP, LL	C (b)	DEANGELIS DIAMOND HEALTHCARE GROUP, LI
. (/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	6635 WILLOW PARK DRIVE		6635 WILLOW PARK DRIVE
	NAPLES, FL 34109		NAPLES, FL 34109
	10/22/2010		L10000110549
	Date of filing/registration in Florida	4.	Document number
. (a)	BOATMAN, JAMES AJR		
. (44)	Registered Agent and Registered Office shown on the records of	f the Florida	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)	
	1415 PANTHER LANE, SUITE 340		S S T
	NAPLES, F	L_34109	21
(b)	GFPAC SERVICES, LLC		P 21 #
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office add	ress: FLORIDA
	NEW Registered Office Address:		
	5551 RIDGEWOOD DR., SUITE 501		
	NAPLES , F	լ 34108	
he cha gent v vas/we	imited liability company is not organized under the lange or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the regis iability con of the limi e limited li	tered office and the business office of the registered mpany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in ability company.
			John De Angelis Printed or typed name of signee
l herel	ture of a member of authoriest representative of a member by accept the appointment as registered agent and age ons of all statutes relative to the proper and complete igations of my position as registered agent as provid- ely reflect a change in the registered office address, l	ree to act	in this capacity. I further agree to comply with the