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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Premier Cardiology & Vascular Associates, 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:

Amish M. Parikh

Name of Person

Premier Cardiology & Vascular Associates, LLC

Firm/Company

670 N. Orlando Avenue, STE 1003

Address

Maitland, FL 32751

City/State and Zip Code

beenaparikh1@hotmail.com

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

For further information concerning this matter, please call:

Amish M. Parikh _______ 321 ______ 321 ______ 2176472

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:

2 \$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.

	•••		
1. Na	ame of the limited liability company: Premier	r Cardiology	& Vascular Associates, LLC
2. (a)	Principal Address		(b) Mailing Address
_: (4)	Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	670 N. Orlando Avenue, Suite 1003		670 N. Orlando Avenue, Suite 1003
	Maitland, FL 32751		Maitland, FL 32751
	02/18/2011		L11000021142
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
J. (u)	Registered Agent and Registered Office shown on the rea	cords of the Florid	da Dept. of State:
	Amish M. Parikh		
	Registered Office Address (MUST BE FLORIDA ST	REET ADDRES	<u>is</u>
	9347 Charles E Limpus Road		
	Orlando	FL_32836	2011
(b)			TALLAHASS
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Re</u>	<u>gistered Office ac</u>	ddress:
	New Address		TILE PH 3: 53
	NEW Registered Office Address:		3: 53
	670 N. Orlando Avenue, Suite 1003		
	Maitland	FL_32751	1
the cha agent w was/we the artic	nge or changes are made, the Florida street add vill be identical. Or, in the case of a Florida lim	ress of the reginited liability on the liability of the line of the line line line line line line line lin	e State of Florida, it is hereby confirmed that after istered office and the business office of the register company, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in liability company.
<u>K</u>	<u> </u>		n sh M. Parikh
Signat	ure of a member or authorized representative of a member	-	Printed or typed name of signee

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 Ghapter 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 the change

1 Signature of Registered Agent

Division of Corporations • P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00