

L11 000023107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

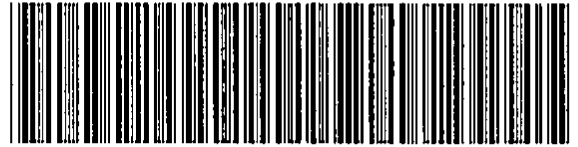
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600385959756

04/22/22--01007--007 **55.00

FILED
2022 APR 22 AM 9:32
CUSHING

Ra Chang

JUN 21 2022

D CUSHING

April 18, 2022

Dear Division of Corporations,

Please see the corrected form attached for Change in Address. We would greatly appreciate if this update can be reflected in the Sunbiz database online as soon as possible, as we are in the process of registering our entity on SAM.Gov to be put on the GSA schedule.

Entity Name: MediSenz LLC

Document #: L11000023107

New Principal Address: 1060 Holland Drive, Suite A, Boca Raton, FL 33487

Best Regards,

Amir Shafique

MediSenz LLC

Cell: 443-878-7453

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MediSenz 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:

Amir Shafique

Name of Person

MediSenz LLC

Firm/Company

1060 Holland Drive, Suite A

Address

Boca Raton, FL 33487

City/State and Zip Code

amir@forwardhed.com

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

For further information concerning this matter, please call:

Amir Shafique

at (443)

878-7453

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

2022 APR 22 AM 9:32

FILED

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. Name of the limited liability company: MediSenz LLC
2. (a) 1060 Holland Drive, Suite A Boca Raton Florida 33487
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
- (b) 1060 Holland Drive, Suite A Boca Raton Florida 33487
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
3. 02/23/2011 Date of filing/registration in Florida
4. LI1000023107 Document number

5. (a) Abhishek Shrivastava
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

10275 NW 46th St

Sunrise, FL 33351

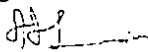
- (b) Amir Shafique
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

1060 Holland Drive, Suite A

Boca Raton, FL 33487

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

Amir Shafique

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

2022 APR 22 AM 9:32
FILED
TALLAHASSEE, FL
CLERK OF THE CIRCUIT COURT