

#L11000036952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

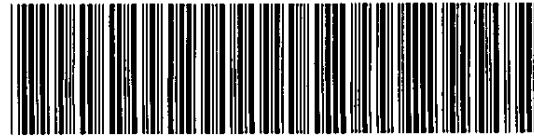
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800248295438

05/28/13--01032--013 **25.00

FILED
13 MAY 28 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAY 29 2013

CHARLES D. WILDER, JD, LL.M (TAX)
ATTORNEY AT LAW
BOARD CERTIFIED IN WILLS, TRUSTS & ESTATES

MELISSA M. PARKER, ESQ.
ATTORNEY AT LAW



NICHOLAS J. RUBINO, ESQ.
ATTORNEY AT LAW - OF COUNSEL

JULIE JO ADAMS, ESQ.
ATTORNEY AT LAW

159 Lookout Place - Suite 101 - Maitland, FL 32751 - Phone: 407-647-PLAN (7526) - Fax: 407-644-2194 - www.epllc-plc.com

May 20, 2013

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

Re: George T. Besong, MD, OB/GYN, LLC

Dear Sir/Madam:

Enclosed please find the Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company in regard to the above referenced entity. Also enclosed, please find a check in the amount of \$25.00 representing the fee for same.

Your assistance with this matter is appreciated. Should you have any questions, please do not hesitate to contact me or my paralegal Moria S. Land at 407-647-7526 or mlland@epllc-plc.com.

Sincerely,

ESTATE PLANNING AND LEGACY LAW CENTER, PLC

Julie Jo Adams

JJA/msl
Enclosure
cc: George T. Besong

\\server02\CPShare\CPWin\HISTORY\130509_0001\380C.1B (27)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: George T. Besong, MD, OB/GYN, 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:

George T. Besong

Name of Person

Confidential

Firm/Company

810 N. Spring Garden Avenue

Address

DeLand, FL 32720

City/State and Zip Code

gtbesong@gmail.com

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

For further information concerning this matter, please call:

George T. Besong

Name of Person

at (386)

747-9771

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

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: George T. Besong, MD, OB/GYN, LLC

2. (a) Principal office address of limited liability company: _____

(Note: MUST BE STREET ADDRESS)

2728 Enterprise Road, Suite 200
Orange City, FL 32763

(b) Mailing address of limited liability company: _____

(Note: MAY BE POST OFFICE BOX)

810 N. Spring Garden Avenue
DeLand, FL 32720

3/28/2011

L11000036952

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

George T. Besong, M.D.

Registered Office Address:

2111 Hontoon Road
DeLand, FL 32720

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

NEW Registered Agent:

Estate Planning and Legacy Law Center, PLLC

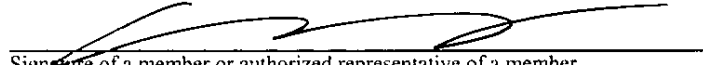
NEW Registered Office Address:

159 Lookout Place, Suite 101

(MUST BE FLORIDA STREET ADDRESS)

Maitland, FL 32751

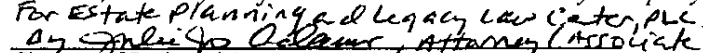
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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

George T. Besong, MD, Manager

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 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.

For Estate Planning and Legacy Law Center, PLLC
By  , Attorney (Associate)
Signature of Registered Agent

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

FILING FEE: \$25.00