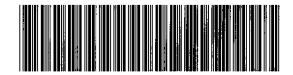
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(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
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(Business Entity Name)			
(Document Number)			
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COVER LETTER 🚜

TO:	Registration Section Division of Corporations			
SUBJ		ATED INFECTION SOLUTIONS, LLC ited Liability Company		
Dear S	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:				
 	MITCHELL I. FRIED, ESQ. Name of Person			
LAW OFFICE OF MITCHELL I. FRIED Firm/Company				
999 DOUGLAS AVENUE, SUITE 3320 Address				
ALTAMONTE SPRINGS, FL 32714 City/State and Zip Code				
	·			
johnbradleymiller@gmail.com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
	MITCHELL I. FRIED, ESQ. at	(407) 682-1331		
	Name of Person	Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS:	MAILING ADDRESS:		
	Registration Section	Registration Section		
	Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327		
	2661 Executive Center Circle	Tallahassee, Florida 32314		
	Tallahassee, Florida 32301	Tananassos, Florida 323 Fl		
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: <u>Healthcare</u>	e-Associated Infection Solutions, LLC		
2. (a) Principal office address of limited liability compan	y: 540 N. STATE ROAD 434		
(Note: MUST BE STREET ADDRESS)	SUITE 530 ALTAMONTE SPRINGS, FL 32714		
(b) Mailing address of limited liability company:	540 N. STATE ROAD 434		
(Note: MAY BE POST OFFICE BOX)	SUITE 530 ALTAMONTE SPRINGS, FL 32714		
03/29/2011 3. Date of filing/registration in Florida	L11000037585 4. Document number		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta			
Registered Agent:	MITCHELL I. FRIED, ESQ.		
Registered Office Address:	234 N. WESTMONTE DRIVE SUITE 1040 ALTAMONTE SPRINGS		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
NEW Registered Agent:	m ₀ m m		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	999 DOUGLAS AVE SUITE 3320 ALTAMONTE SPRINGS FL 32014		
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	_		
Printed or typed name of signee	_		
I hereby accept the appointment as registered agent and a comply with the provisions of all statules relative to the pr and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	agree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in crely reflect a change in the registered office y has been notified in writing of this change.		
Signature of Registered Agent 8/19/11			