## L11000066369

(Re	equestor's Name)	
(Ad	ldress)	<del></del>
(Ad	ldress)	
•	,	
(Ci	ty/State/Zip/Phone	- <del></del>
(CII	iy/State/Zip/Phone	<del>= ++)</del>
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
·	·	•
(Do	ocument Number)	
(DC	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
,		
•		
		1
- "		

Office Use Only



200210834962

والمراجع والمطور يالاريط

08/17/11--01027--001 \*\*25.00

2011 AUG 197 RH 12: 28

C. LEWIS

AUG 1 8 2011

EXAMINER

## COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT. 1 1 101.000 PAULO	Liability Company		
Dear Sir or Madam:	Zucine, company		
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
Renee Adatto Name of Person			
R Medical Center			
20355 NE 84th CT			
Aventura, FL 33180 City/State and Zip Code			
danadath a me. com E-mail address: (lo be used for future annual report notification	n)		
For further information concerning this matter, please call:			
Danny Adatto at (	305) 308-8732 Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section Division of Corporations	Registration Section Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	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. liability company submits the following statement in ordagent, or both, in the State of Florida.	508, Florida Statutes, the undersigned limited er to change its registered office or registered		
1. Name of the limited liability company: ** Med	lical Center LC		
2. (a) Principal office address of limited liability compan	y:		
(Note: MUST BE STREET ADDRESS)	20355 NE 3444 et AUDULUIA, FL 331801		
(b) Mailing address of limited liability company:			
(Note: MAY BE POST OFFICE BOX)	<del></del>		
06/07/20// 3. Date of filing/registration in Florida	L11000066369 4. Document number		
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept of State:		
Registered Agent: : UNITE : 13302 Registered Office Address: : SUITE	D STATES CORPORATION AGENTS, INC.		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent:  NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	W Registered Office address:  Renee Adado  1000 W Hallandale Beach Bladandale ,FL 33009		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability fompany.  Signature of a member or authorized representative of a member  Printed or typed name of signee	Torida street address of the registered office tical. Or, in the case of a Florida limited ) was/were authorized by an affirmative vote rwise provided in the articles of organization		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand 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 company Signature of Registered Agent	ngree to act in this capacity. I further agree to oper and complete performance of my duties, size of my dut		
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 5 5 FILING FEE: \$25.00			
INHS18 (05/08)	SSEE T		