

L11000068826

(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



800290096128

09/15/16--01016--017 **25.00

TALLAHASSEE, FL 32301

2016 SEP 15 P 2:19

FILED

SEP 15 2016
CLERK OF COURT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Change of agent - Institute of Healthcare Professions
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:

Alan E Weinstein

Name of Person

Law Offices of Alan E Weinstein

Firm/Company

4500 Biscayne Blvd suite 203

Address

Miami, Florida 33137

City/State and Zip Code

defense1@bellsouth.net

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

For further information concerning this matter, please call:

Karyn Vidal

at (561)

202-6333

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:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

