

L11000104574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

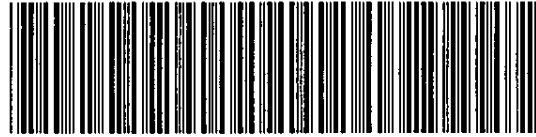
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/17/12--01007--026 **25.00

RECEIVED
DEPARTMENT OF STATE
12 MAY 17 PM 1:38

FILED
2012 MAY 17 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

MAY 18 2012

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

FILED
2012 MAY 17 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CONTACT: Kim Weidenbach

DATE: 05/17/12

REF. #: 001268.166686

CORP. NAME: ENVIGORATE HEALTHCARE SOLUTIONS, LLC

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input checked="" type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 544459 **FOR \$** 25.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Envigorate Healthcare Solutions, 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:

Michael D. Talerico II

Name of Person

Envigorate Healthcare Solutions, LLC

Firm/Company

4991 Bonsai Circle, #109

Address

Palm Beach Gardens, FL 33418

City/State and Zip Code

m.talerico@envigoratehealthcare.com

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

For further information concerning this matter, please call:

Michael D. Talerico II

Name of Person

at (800)

722-8997

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

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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: Envigorate Healthcare Solutions, LLC

2. (a) Principal office address of limited liability company: 4991 Bonsai Circle, #109

(Note: MUST BE STREET ADDRESS)

Palm Beach Gardens, FL 33418

(b) Mailing address of limited liability company: same as above

(Note: MAY BE POST OFFICE BOX)

09/03/2011

3. Date of filing/registration in Florida

L11000104574

4. Document number

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

Registered Agent:

Michael D. Talerico II

Registered Office Address:

8236 Lakeview Drive
West Palm Beach, FL 33412

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

NEW Registered Agent:

Michael D. Talerico II

NEW Registered Office Address:

4991 Bonsai Circle, #109

(MUST BE FLORIDA STREET ADDRESS)

Palm Beach Gardens, FL 33418

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.

Michael D. Talerico II
Signature of a member or authorized representative of a member

Michael D. Talerico II

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 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.

Michael D. Talerico II
Signature of Registered Agent

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

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA
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