L12000 14402

(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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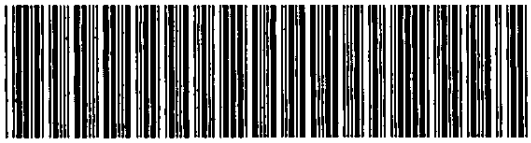

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FILED
16 MAR 30 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 31 2016

707

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 8, 2016

E-MEDICAL SALES LLC
9807 COSTA DEL SOL BLVD
MIAMI, FL 33178

SUBJECT: E-MEDICALSALES LLC
Ref. Number: L12000014402

We have received your document for E-MEDICALSALES LLC and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 416A00004781

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: E-Medical Sales 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:

Juan A Sanchelima JR.
Name of Person

E-MEDICAL SALES LLC.
Firm/Company

9807 Costa del Sol Blvd
Address

Miami FL 33178
City/State and Zip Code

Andy Sanchelima @ gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Juan A Sanchelima JR. at (305) 542 6189
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

INHS18 (2/14)

PREVIOUSLY SENT CHECK

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: E-Medical Sales LLC

2. (a) 9807 COSTA DEL SOL BLVD
MIAMI, FL 33178
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) 9807 COSTA DEL SOL BLVD
MIAMI, FL 33178
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3. 01/31/2012
Date of filing/registration in Florida

4. L12000014402
Document number

5. (a) UNITED STATES CORPORATION AGENTS, INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

13302 WINDING OAK COURT
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

A
TAMPA, FL 33612

(b) JUAN A SANCHELIMA JR.
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

9807 COSTA DEL SOL BLVD.
NEW Registered Office Address:

MIAMI, FL 33178

MIAMI, FL 33178

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TALLAHASSEE, FLORIDA

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

JUAN A. SANCHELIMA JR.
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 605, 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.

Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314
FILING FEE: $25.00

INHS18 (2/14)