

21200005/282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

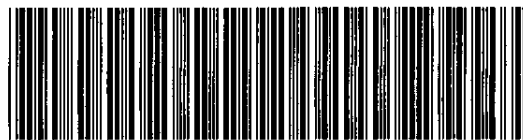
Special Instructions to Filing Officer:

A. LUNT

APR 23 2011

EXAMINER

Office Use Only



500230083165

04/20/12--01017--010 \*\*25.00

FILED  
2012 APR 20 PM 3:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VMOREL HEALTH SERVICES, 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:

VENECIA MOREL

Name of Person

VMOREL HEALTH SERVICES, LLC

Firm/Company

308 S HARBOR CITY BLVD, STE C

Address

MELBOURNE, FL 32901

City/State and Zip Code

vmorel@tampabay.rr.com

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

For further information concerning this matter, please call:

VENECIA MOREL

Name of Person

at ( 863 )

537-0848

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

FILED  
2012 APR 20 PM 3:41  
TALLAHASSEE, FLORIDA  
CLERK OF SUPERIOR COURT

**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: VMOREL HEALTH SERVICES, LLC

2. (a) Principal office address of limited liability company: 308 S HARBOR CITY BLVD

**(Note: MUST BE STREET ADDRESS)**

STE C  
MELBOURNE, FL 32901

(b) Mailing address of limited liability company: 308 S HARBOR CITY BLVD

**(Note: MAY BE POST OFFICE BOX)**

STE C  
MELBOURNE, FL 32901

4/13/2012  
3. Date of filing/registration in Florida

L12000051282  
4. Document number

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

Registered Agent:

VENECIA MOREL

Registered Office Address:

242 LANSING ISLAND DR.  
INDIAN HARBOR BEACH, FL 32937

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

**NEW** Registered Agent:

VENECIA MOREL

**NEW** Registered Office Address:

**(MUST BE FLORIDA STREET ADDRESS)**

308 S HARBOR CITY BLVD  
STE C  
MELBOURNE, FL 32901

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

VENECIA MOREL

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 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.*

  
Signature of Registered Agent

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

FILING FEE: \$25.00