

LI2000109420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

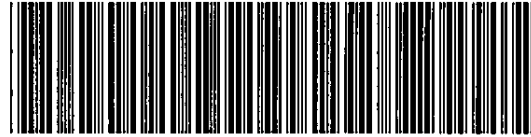
(Business Entity Name)

(Document Number)

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FILED  
JUN 11 2014  
R. WHITE

*R. White*

JUN 11 2014

R. WHITE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** UNION HEALTH, 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:

JOHN PEREIRA

Name of Person

UNION HEALTH, LLC

Firm/Company

3323 W. COMMERCIAL BLVD., SUITE 112

Address

FORT LAUDERDALE, FL 33309

City/State and Zip Code

JOHN@UNIONHEALTHMARKETING.COM

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

For further information concerning this matter, please call:

DAWNE GARCIA

Name of Person

at ( 954 )

537-3380 XT. 2000

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

**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: UNION HEALTH, LLC

2. (a) _____ Principal office address of limited liability company: <i>(Note: <b>MUST BE STREET ADDRESS</b>)</i> <u>3323 W Commercial Blvd., Suite 112</u> <u>Fort Lauderdale, FL 33309</u>	(b) _____ Mailing address of limited liability company: <i>(Note: <b>MAY BE POST OFFICE BOX</b>)</i> <u>3323 W. Commercial Blvd., Suite 112</u> <u>Fort Lauderdale, FL 33309</u>
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3. <u>08/23/2012</u> Date of filing/registration in Florida	4. <u>L12000109420</u> Document number
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5. (a) JUSTIN FERREIRA  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

JUSTIN FERREIRA  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
110 EAST BROWARD BLVD., SUITE 1600  
FORT LAUDERDALE, FL 33301

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

JOHN PEREIRA  
NEW Registered Office Address:  
3323 W. Commercial Blvd., Suite 112  
FORT LAUDERDALE, FL 33309

FILED  
AUG 23 2012  
CLERK OF CIRCUIT COURT  
JULIA A. HARRIS, CLERK  
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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.

X \_\_\_\_\_  
Signature of a member or authorized representative of a member

JOHN PEREIRA  
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.*

X \_\_\_\_\_  
Signature of Registered Agent