

L1200010979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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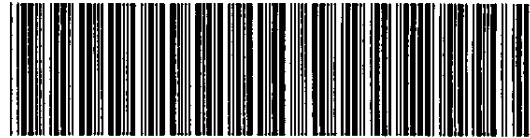
(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Boca Office Medical Billing, 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:

Denise Kelly, RN
Name of Person

Boca Office Medical Billing, LLC
Firm/Company

P.O. Box 971141
Address

Boca Raton, FL 33427-1141
City/State and Zip Code

DeniseT1962@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Denise Kelly at (845) 406-1347
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

mailed
5/23/14
√ #1019

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: Boca Office Medical Billing, LLC
2. (a) 11463 Whisper sound Drive (b) P.O. Box 971141
 Principal office address of limited liability company: Mailing address of limited liability company:
 (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
Boca Raton, FL 33428 Boca Raton, FL 33497

3. 08/24/2012 Date of filing/registration in Florida 4. L1200010799 Document number
5. (a) Denise Thorne, RN
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
11463 Whisper Sound Drive
Boca Raton, FL 33428

- (b) Denise Kelly, RN
 Enter name of NEW Registered Agent and/or NEW Registered Office address:
11463 Whisper sound Drive
Boca Raton, FL 33428
 FL _____

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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.

Denise Kelly
 Signature of a member or authorized representative of a member

Denise Kelly
 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 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.

Denise Kelly
 Signature of Registered Agent