

L12000124006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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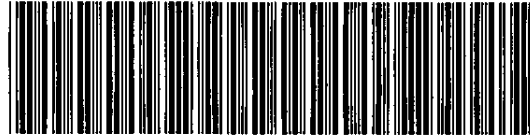
(Business Entity Name)

(Document Number)

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RIA Choy  
APR 24 2015  
K. WHITE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HEPCO MEDICAL LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

CHERIE A. HANLEY  
(Contact Person)

ENGLANDER FISCHER  
(Firm/Company)

721 FIRST AVENUE NORTH  
(Address)

ST. PETERSBURG, FL 33701  
(City/State and Zip Code)

For further information concerning this matter, please call:

CHERIE A. HANLEY at ( 727 ) 898-7210 EXT. 242  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:  
 \$25 Filing Fee                       \$55 Filing Fee & Certified Copy

**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

**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: HEPCO MEDICAL LLC

2. (a) _____ Principal office address of limited liability company: (Note: <b>MUST BE STREET ADDRESS</b> ) <u>100 BLUFF VIEW 102B</u> <u>BELLEAIR BLUFFS, FL 33770</u>	(b) _____ Mailing address of limited liability company: (Note: <b>MAY BE POST OFFICE BOX</b> ) <u>100 BLUFF VIEW 102B</u> <u>BELLEAIR BLUFFS, FL 33770</u>
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3. <u>09/27/2012</u> Date of filing/registration in Florida	4. <u>L12000124006</u> Document number
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5. (a) PATRICIA C. GIL  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)  
100 BLUFF VIEW 102B  
BELLEAIR BLUFFS, FL 33770

(b) JOHN W. WAECHTER, ESQ.  
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Office Address:**  
721 FIRST AVENUE NORTH  
ST. PETERSBURG, FL 33701

15 APR 17 PM 3:03  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 PH 1570

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	ASHER B. GIL _____ Printed or typed name of signee
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*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