

L12000157219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

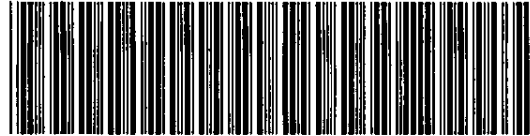
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700255150507

01/02/14--01008--008 \*\*25.00

FILED  
14 JAN -2 PM 3:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 8 2014

T. BROWN

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Waterside Medical, 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:

Matthew L. Black

Name of Person

Waterside Medical, LLC.

Firm/Company

2950 9th St. North Suite 13

Address

Naples, FL 34103

City/State and Zip Code

matt.black@comcast.net

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

For further information concerning this matter, please call:

Matthew L. Black

Name of Person

at ( 239 ) 293-4140

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, 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: Waterside Medical LLC

2. (a) Principal office address of limited liability company: 2950 9th St. North

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

Suite 13

Naples, FL 34103

(b) Mailing address of limited liability company:

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

2950 9th St. North

Suite 13

Naples, FL 34103

12/07/2012

3. Date of filing/registration in Florida

4. Document number

L12000157219

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

Registered Agent:

Matthew L. Black

Registered Office Address:

5064 Seashell Ave

Naples, FL 34103

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

**NEW Registered Agent:**

Same Registered Agent on File NO CHANGES

**NEW Registered Office Address:**

**(MUST BE FLORIDA STREET ADDRESS)**

2950 9th St. North

Suite 13

Naples, FL 34103

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.

Matthew L. Black  
Signature of a member or authorized representative of a member

Matthew L. Black

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.*

Matthew L. Black  
Signature of Registered Agent

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

**FILING FEE: \$25.00**