## L1300000 6018

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MAR 2 6 2020 **S. YOUN**G

## COVER LETTER

_	ision of Corporations		
SUBJECT:	Premier Cardiology Associates, LL	.C	
	Na	me of Limited	Liability Company
Dear Sir or N	Madam;		
The enclosed	d Registered Agent/Registered O	ffice Change ar	nd fee(s) are submitted for filing.
Please return	all correspondence concerning t	his matter to th	e following:
Richard DeM	aio		
	Name of Person	<del></del>	
Premiere Caro	diology Associates		
	Firm/Company		<del></del>
6210 Scott St	- Rm #112		
	Address		<del></del>
Punta Gorda,	FL 33950		
	City/State and Zip Code		
rjd0801@gma	ail.com		
E-mail	address: (to be used for future an	nual report not	ification)
For further in	nformation concerning this matter	r, please call:	
Tara Salz		941 at (	205-2417
	Name of Person		Area Code & Daytime Telephone Number
Regi Divi P.O.	ling Address: stration Section sion of Corporations Box 6327 phassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Encl	osed is a check for the following	g amount:	
■ \$2	\$25 Filing Fee		\$55 Filing Fee & Certified Copy

INHS18 (2/14)

## 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. N	ame of the limited liability company: Premier Cardic	ology Ass	ocia	tes, LLC	
2. (a)	6210 Scott St - Rm #112	(b) 6210 Scott S			ott St - Rm #112
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Punta Gorda, FL 33950	. <u> </u>		Punta Go	orda, FL 33950
	01-11-2013		I.	.13000006	6078
3.	Date of filing/registration in Florida	4.			Document number
5. (a)	Richard DeMaio				
• • •	Registered Agent and Registered Office shown on the records	of the Flor	rida [	Dept. of Sta	ate:
	1580 Landings Ter				202
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			2020 MAR 2020 MAR	
	Sarasota	FL <sup>34231</sup>			ASSET PM
		<del> </del>			Take of U
(b)	E-to-serve CNUW D		<del></del>		_ <b>2</b> 6
	Enter name of NEW Registered Agent and/or NEW Register	red Office	<u>addr</u>	ress:	
	NEW Registered Office Address:				<del>_</del>
	6210 Scott St - Rm #112				
		<del></del>		_	_
	Punta Gorda, I	FL_33950			
If the li	mited liability company is not organized under the l	nue of th	ha Si	tata af El	arida it ia haraka nan Gara-14ka a A
change	of changes are made, the Florida street address of the	ne regista	ered.	office an	nd the business office of the registered
agent v	vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members	liability (	com	nany it i	s hereby confirmed that the change(s)
the arti	cles of organization or the operating agreement of th	ie limited	l lia	bility con	npany.
	Wich Wan	Ri	char	d DeMaio	)
	ure of a member or authorized representative of a member			<u>-</u>	Printed or typed name of signee
provisie the obli to mere	ny accept the appointment as registered agent and agons of all statutes relative to the proper and complet gations of my position as registered agent as providity reflect a change in the registered office address, it is writing of this change.	gree to a le perfori led for in I hereby	ct in mand Che conf	this cape ce of my c apter 605 irm that i	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Signatur	e of Registered Agent				