

L13000035499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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DIVISION OF CORPORATIONS  
15 APR 13 AM 7:44

C.L.  
4-15-15

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HITECH SENIORS, LLC

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** L13000035499

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Trematore

\_\_\_\_\_  
Name of Contact Person

HITECH SENIORS, LLC

\_\_\_\_\_  
Firm/Company

244 NE 28TH RD

\_\_\_\_\_  
Address

BOCA RATON / FLORDIA / 33431

\_\_\_\_\_  
City/State and Zip Code

RTREMATORE@TREMATORE.COM

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

For further information concerning this matter, please call:

ROBERT TREMATORE

at ( 973 ) 819-7670

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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: HITECH SENIORS, LLC

2. (a) 244 NE 28TH RD (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

BOCA RATON, FL. 33431

3-7-2013

L13000035499

3. Date of filing/registration in Florida

4. Document number

5. (a) CORPORATION SERVICE COMPANY

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1201 HAYS STREET

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TALLAHASSEE, FL 323012525

(b) ROBERT TREMATORE

Enter name of NEW Registered Agent and/or NEW Registered Office address:

244 NE 28TH RD

NEW Registered Office Address:

BOCA RATON, FL 33431

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 an officer or director

ROBERT TREMATORE

Printed or typed name and title

\_\_\_\_\_

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

4/6/2015

Date

Signature of Registered Agent

**FILING FEE: \$25.00**

SECRET  
DIVISION OF CORPORATE AFFAIRS  
15 APR 13 AM 7:44