L13000067036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

FEB 16 2015

S. CARROTHERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: First Coast medical Providers, P.L.
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:

Ryan Brenes
Name of Person

First Coast medical Providers, P.L.
Firm/Company

190 stately Shoals Trail
Address

Ponte Vedra, FL 32081
City/State and Zip Code

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

For further information concerning this matter, please call:

Ryan Brenes at (305) 619-5517
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

Payable to: Florida Dept of state

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. Name of the limited liability company: First Coast Medical Providers, P.L.

2. (a) First Coast Medical Providers, P.L.
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
190 Stately Shoals Trail
Ponte Vedra, FL 32081

(b) First Coast Medical Providers, P.L.
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Po Box 182
Ponte Vedra Beach, FL 32004

3. 05/07/2013
Date of filing/registration in Florida

4. L13000067036
Document number

5. (a) Smith, Hulsey, & Busey Professional Assoc.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
225 Water Street
Registered Office Address ***(MUST BE FLORIDA STREET ADDRESS)***
Suite 1800
Jacksonville, FL 32202

(b) Ryan Brenes
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
190 Stately Shoals Trail
NEW Registered Office Address:
Ponte Vedra, FL 32081

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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.

Signature of a member or authorized representative of a member

Ryan Brenes
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.

Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314
FILING FEE: $25.00