

4/27/2017

U300071920

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512)418-6949
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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TALLAHASSEE, FLORIDA
17 APR 27 AM 11:45

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2017 APR 27 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT CHANGE
HEALTHCARE CODING & CONSULTING SERVICES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

APR 28 2017

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Healthcare Coding & Consulting Services, 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:

Ed Wong

Name of Person

The Innovation Institute, LLC

Firm/Company

1 Centerpointe Drive, Suite 200

Address

La Palma, CA. 90623

City/State and Zip Code

ed.wong@ii4change.com

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

For further information concerning this matter, please call:

Linda Igarashi

at (714) 424-2876

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

INHS18 (2/14)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 APR 27 AM 11:56

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: Healthcare Coding & Consulting Services, LLC
2. (a) c/o The Innovation Institute, LLC
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
1 Centerpointe Drive, Suite 200
La Palma, CA 90623
05/15/2013
3. Date of filing/registration in Florida
- (b) c/o The Innovation Institute, LLC
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
1 Centerpointe Drive, Suite 200
La Palma, CA 90623
LI3000071920
4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Bruce D. Green
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1380 ROYAL PALM SQUARE BLVD.
FT. MYERS, FL 33919
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
C T Corporation System
NEW Registered Office Address:
1200 South Pine Island Road
Plantation, FL 33324

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

Ed Wong, CFO of The Innovation Institute, LLC (Member)

Printed or typed name of signer

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.

By: C T Corporation System

Scott White

Scott White, Assistant Secretary

Signature of Registered Agent

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

FILING FEE: \$25.00

INHS18 (2/14)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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FAX COVER SHEET

TO	
COMPANY	
FAXNUMBER	18506176383
FROM	Ranae McGraw
DATE	2017-04-27 09:24:22 CST
RE	54 Martinique Avenue LLC

COVER MESSAGE

Chris Rickard
Senior Fulfillment Specialist
CT Corporation

Team (614) 280-3338
GlobalFulfillmentTeam@wolterskluwer.com



4400 Easton Commons Way Suite 125 Columbus, Ohio 43219
www.wolterskluwer.com

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