## L130001087a3

(Red	questor's Name)						
(Add	dress)						
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PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies	Certificates	s of Status					
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J. HARRIS

## **COVER LETTER**

	Registration Section Division of Corporations								
SUBJE									
	Name	e of Limited Liability Company							
Dear Si	r 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:									
WALT	ER R. SMITH, JR.								
	Name of Person								
	Firm/Company								
8320 1	NW 30th Terrace								
	Address								
Doral,	FL 33122								
	City/State and Zip Code								
wshika	any@healthcoalition.com								
E-	mail address: (to be used for future annu	ual report notification)							
For furt	her information concerning this matter,	please call:							
WALT	ER R. SHIKANY, JR.	305 662-2988							
	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 \$\textstyle \text{\$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: SHIKANY RES	STAU	JR.	ANT GRO	OUP, LLC		
2. (a)	8320 NW 30th Terrace	(b) 8320 NW 30th Terrace					
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	(-)	N	Mailing address of limited liab (Note: MAY BE POST OF	-	• •
	Miami, FL 33122	_		Doral, Fl	L 33122		
		_					
	08/01/2013		L	.1300010	)8723		
3.	Date of filing/registration in Florida	4.			Document number		
5. (a)					•		
	Registered Agent and Registered Office shown on the records of the 7301 SW 57th Court	he Florid	da I	Dept. of State	<b>:</b> :		
	Registered Office Address (MUST BE FLORIDA STREET A	<u>(2.2</u>		•			
	Suite 560						144 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
	South Miami , FL	33143				17 F	ी - 15 क्र - इस्स्
(b)	WALTER R. SHIKANY, JR.					EB 2	- 2巻 - 名 <b>三</b> 四
Enter name of NEW Registered Agent and/or NEW Registered Office address:				•		980 A CE	
	8320 NW 30th Terrace					PH 2:	PUSA TSTA
	NEW Registered Office Address:				•	2:07	HOR:
					-	•	
	Doral , FL	33122	2				
the ch agent was/w the art Signa I here provis the ob to mer	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the lature of a member or authorized representative of a member or authorized representative of a member liby accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete pligations of my position as registered agent as provided rely reflect a change in the registered office address, I had in writing of this change	the reg bility of the lin imited	gist con mit l lia	ered office npany, it is ted liability ability com	e and the business office is hereby confirmed that by company or as otherwing inpany.  Printed or typed name of sign	of the the chaise pro	registered ange(s) vided in
Signati	ire of Registered Agent						