

L13 000 118 152

(Requestor's Name)

(Address)

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(Business Entity Name)

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JUL 14 2014

C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Promell HealthCare, LLC
Name of Corporation

DOCUMENT NUMBER: L13000118152

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:

Owusu Sakyi Agye Kum
Name of Contact Person

Promell HealthCare, LLC / Self
Firm/Company

9379 Via San Giovanni St
Address

Fort Myers, FL 33905
City/State and Zip Code

Kowus3434@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Owusu Sakyi Agye Kum at (904) 437-1529
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 CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Promell HealthCare, LLC
2. The principal office address: 9379 Via San Giovanni St, Ft. Myers, FL
33905
3. The mailing address (if different): N/A
4. Date of incorporation/qualification: 8/21/2013 Document number: L13000118152

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Dwusu Sakyi-Agyekum
9379 Via San Giovanni St
Ft. Myers, FL 33905

P.O. Box NOT acceptable

14 JUN 27 PM 12:08
TALLAHASSEE, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

Dwusu Sakyi-Agyekum, Owner
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.

[Signature]
Signature of Registered Agent

6/25/2013
Date

If signing on behalf of an entity:

Promell HealthCare, LLC
Typed or Printed Name

* * * FILING FEE: \$35.00 * * *