

L13000133Z81

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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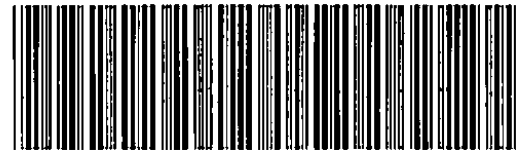
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WOMEN'S & MATERNITY CARE SPECIALISTS OF ORLANDO, 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:

John N. Camperlengo

Name of Person

UPM SERVICE CORP.

Firm/Company

1501 YAMATO RD, SUITE 200W

Address

BOCA RATON, FL 33431

City/State and Zip Code

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

For further information concerning this matter, please call

Myriam Fahim

Name of Person

at (561) 300-2410 ext. 355

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

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 WOMEN'S & MATERNITY CARE SPECIALISTS OF ORLANDO, LLC

2 (a) 147 MORAY LANE

Principal office address of limited liability company

(Note: MUST BE STREET ADDRESS)

WINTER PARK, FL 32792

(b) 1501 YAMATO ROAD

Mailing address of limited liability company

(Note: MAY BE POST OFFICE BOX)

SUITE 200W

BOCA RATON, FL 33431

September 20, 2013

3. Date of filing/registration in Florida

L13000133281

4. Document number

5. (a) Resigned

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

FL

(b) UPM SERVICE CORP.

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

1501 Yamato Rd.

NEW Registered Office Address

Suite 200W

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 a member or authorized representative of a member

AARON SUDBURY

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