

L1400029422

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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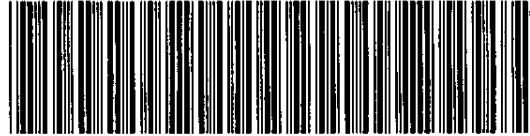
(Business Entity Name)

(Document Number)

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2015 AUG - 4 PM 12: 08  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304

N. Culligan AUG - 4 2015

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Cirrus Medical Systems, 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:

Chris Hopgood

Name of Person

Cirrus Medical Systems, LLC

Firm/Company

1819 SE 17th Street Apt. 608

Address

Ft. Lauderdale, FL 33316

City/State and Zip Code

tschof@gmail.com

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

For further information concerning this matter, please call:

Terence Schofield

at ( 347 )

673-9229

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 28, 2015

CHRISTOPHER J HOPGOOD  
1891 SE 17TH STREET  
APT. #608  
FORT LAUDERDALE, FL 33316

SUBJECT: CIRRUS MEDICAL SYSTEMS, LLC  
Ref. Number: L14000029422

We have received your document for CIRRUS MEDICAL SYSTEMS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 815A00015790

# 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: Cirrus Medical Systems, LLC
2. (a) 1819 SE 17th Street Apt. 608  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
Ft. Lauderdale, FL 33316
- (b) 1819 SE 17th Street Apt. 608  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
Ft. Lauderdale, FL 33316
3. Feb 20th, 2014  
Date of filing/registration in Florida
4. \_\_\_\_\_  
Document number
5. (a) Corporation Service Company  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
1201 Hays Street  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Tallahassee, FL 32301
- (b) Chris Hopgood  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
1819 SE 17th Street Apt. 608  
**NEW Registered Office Address**:  
Ft. Lauderdale, FL 33316

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

Terence Schofield

8/4/2015

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.

Signature of Registered Agent

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

FILED  
2015 AUG -4 PM 12:08  
TALLAHASSEE, FLORIDA