

L14000045652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

OCT 27 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROFINALYSIS 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:

MARKKU KONTTINEN

Name of Person

PROFINALYSIS LLC

Firm/Company

5330 OAKMONT VILLAGE CIR

Address

LAKE WORTH, FL 33463

City/State and Zip Code

MKONTTINEN@AOL.COM

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

For further information concerning this matter, please call:

Markku Konttinen

at (561)

309-1520

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

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TALLAHASSEE, FLORIDA

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.

2. (a) _____ (b) _____

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

5330 OAKMONT VILLAGE CIR

LAKE WORTH, FL 33463

L14000045652

4. Document number

UNITED STATES CORPORATION AGENTS, INC.

13302 WINDING OAK COURT A

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

LAKE WORTH, FL 33463

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TALLAHASSEE, FLORIDA

Printed or typed name of signee

Signature of Registered Agent