

L14000071049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

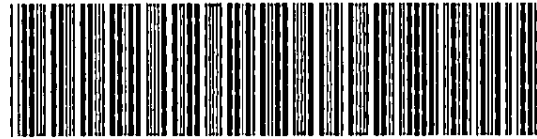
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000363053650

03/31/21--01008--014 **25.00

FILED
2021 MAY 31 AM 9:25
TALLAHASSEE, FL
CLERK OF COURT

D. BRUCE
MAY 21 2021

The Law Office of Eric V. Hires, LLC

2873 Delaney Avenue, Orlando, Florida 32806

www.HiresLegal.com

Tax ID: 30-0477795

Eric V. Hires, Attorney at Law

Certified NFLPA Contract Advisor

FL Supreme Court Certified Circuit Civil Mediator

Eric@HiresLegal.com

Christiana Hires Richardson, Attorney at Law

christiana@HiresLegal.com

Please direct all mail to:

Post Office Box 568943

Orlando, FL 32856-8943

Telephone: 407.841.1902

Facsimile: 407.841.1906

Toll Free: 866.934.ERIC

March 29, 2021

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

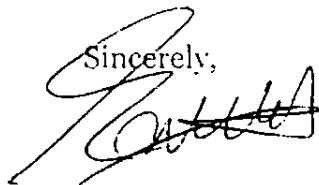
Re : MD Associates & Consultants, LLC
Doc No: L14000071099

Dear Registration Section:

I include with this letter the Statement of Change of Registered Agent For Limited Liability Company reflecting the requested change of Registered Agent. Also, included is my firm's check in the amount of \$25.00, for the filing fee.

I appreciate your assistance in making the requested change of Registered Agent. Should you have questions, please do not hesitate to contact me.

Sincerely,



Eric V. Hires

EVH/tbm
Enclosures
219903

2021 MAR 31 PM 5:05
FBI

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MD Associates & Consultants, 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:

Eric V. Hires, Esq.

Name of Person

The Law Office of Eric V. Hires, LLC

Firm/Company

2873 Delaney Avenue

Address

Orlando, FL 32806

City/State and Zip Code

Eric@HiresLegal.com

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

For further information concerning this matter, please call:

Eric V. Hires at (407) 841-1902
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

2021 MAR 31 AM 9:05
TALLAHASSEE
FBI

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: MD Associates & Consultants, LLC

2. (a) 1405 Yvonne Street, Apopka, FL 32712 (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

3. 5/01/2014 Date of filing/registration in Florida 4. L14000071099 Document number

5. (a) Carlos Colon
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1405 Yvonne Street
Apopka, FL 32712

(b) Eric V. Hires
Enter name of NEW Registered Agent and/or NEW Registered Office address:
2873 Delaney Avenue
NEW Registered Office Address:
Orlando, FL 32806

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] Carlos Colon
Signature of a member or authorized representative of a member 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]
Signature of Registered Agent