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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

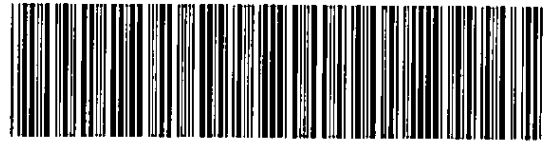
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D CUSHING

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MF Medical Management Landholdings, 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:

Scott Fechter

Name of Person

MF Medical Management Landholdings, LLC

Firm/Company

165 Southpark Blvd

Address

St Augustine FL 32086

City/State and Zip Code

bodydoc9@gmail.com

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

For further information concerning this matter, please call:

Scott Fechter

at ( 904 )

377-6199

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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DIVISION OF CORPORATIONS  
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 19, 2019

MF MEDICAL MANAGEMENT LANDHOLDINGS, LLC  
C/O SCOTT FECHTER  
165 SOUTHPARK BLVD., STE C  
ST AUGUSTINE, FL 32086

CHK 14563

SUBJECT: MF MEDICAL MANAGEMENT LANDHOLDINGS, LLC  
Ref. Number: L14000080807

We have received your document for MF MEDICAL MANAGEMENT LANDHOLDINGS, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 919A00014748

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2019 AUG -2 PM 1:42

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: MF Medical Management Landholdings, LLC

2. (a) 165 Southpark Blvd St Augustine FL 32086 (b) 165 Southpark Blvd St Augustine FL 32086

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

165 Southpark Blvd St Augustine FL 32086

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

1165 Southpark Blvd St Augustine FL 32086

05/19/14

L14000080807

3. Date of filing/registration in Florida

4. Document number

5. (a) Scott Fechter

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

165 Southpark Blvd St Augustine FL 32086

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

165 Southpark Blvd St Augustine FL 32086

St Augustine, FL 32086

(b) Scott Michaels

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

3560 A1A South St Augustine FL 32080

NEW Registered Office Address:

3560 A1A South

St Augustine, FL 32080

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

Scott Fechter

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

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JUL 08 2019