

L140000099301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

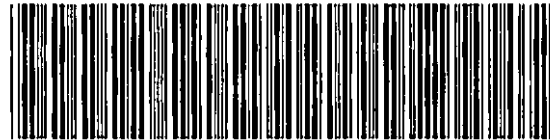
(Business Entity Name)

(Document Number)

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TO: Registration Section
Division of Corporations

SUBJECT: MW EMERGENCY PHYSICIAN CARE 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:

MARERIL WHEELER

Name of Person

MW EMERGENCY PHYSICIAN CARE LLC

Firm/Company

1800 PURDY AVE, APT 2103

Address

MAIMI BEACH, FL 33139

City/State and Zip Code

MWEMERGENCY@GMAIL.COM

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

For further information concerning this matter, please call:

MARERIL WHEELER

Name of Person

at (203)

494-1515

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: <u>MW EMERGENCY PHYSICIAN CARE LLC</u>	
2. (a) <u>1800 PURDY AVE</u> Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i> <u>APT 2103</u> <u>MIAMI BEACH, FL</u>	(b) <u>1800 PURDY AVE</u> Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i> <u>APT 2103</u> <u>MAIMI BEACH, FL</u>
3. <u>06/20/2014</u> Date of filing/registration in Florida	4. <u>L14000099301</u> Document number
5. (a) <u>MARERIL WHEELER</u> Registered Agent and Registered Office shown on the records of the Florida Dept. of State: <u>1504 BAY RD</u> Registered Office Address <i>(MUST BE FLORIDA STREET ADDRESS)</i> <u>APT 2910</u> <u>MAIMI BEACH</u> , FL <u>33139</u>	
(b) <u>MARERIL WHEELER</u> Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : <u>1800 PURDY AVE</u> <u>NEW Registered Office Address</u> : <u>APT 2103</u> <u>MAIMI BEACH</u> , FL <u>33139</u>	

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

MARERIL WHEELER
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

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

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1. Name of the limited liability company: MW EMERGENCY PHYSICIAN CARE LLC

2. (a) 1800 PURDY AVE

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

APT 2103

MIAMI BEACH, FL

(b) 1800 PURDY AVE

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

APT 2103

MAIMI BEACH, FL

06/20/2014

L14000099301

3. Date of filing/registration in Florida

4. Document number

5. (a) MARERIL WHEELER

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

1504 BAY RD

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

APT 2910

MAIMI BEACH, FL 33139

(b) MARERIL WHEELER

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

1800 PURDY AVE

NEW Registered Office Address:

APT 2103

MAIMI BEACH, FL 33139

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]
Signature of a member or authorized representative of a member

Marcel Wheeler
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]
Signature of Registered Agent

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