

L14000106045

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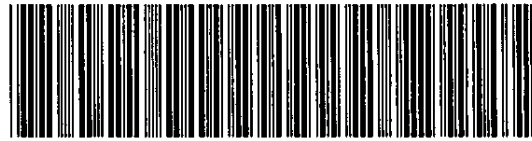
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Good Shepherd Medical Center, 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:

Summer Demetrius

Name of Person

The Good Shepherd Medical Center LLC

Firm/Company

9119 Ridge Road STE 144

Address

New Port Richey, FL 34654

City/State and Zip Code

summerdemetrius@yahoo.com

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

For further information concerning this matter, please call:

Summer Demetrius at ( 727 ) 351-7457  
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

**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: The Good Shepherd Medical Center, LLC
2. (a) 28960 US HWY 19 N  
Principal office address of limited liability company:  
*(Note: **MUST BE STREET ADDRESS**)*  
Suite 104  
New Port Richey, FL 33761
- (b) 9119 Ridge Road  
Mailing address of limited liability company:  
*(Note: **MAY BE POST OFFICE BOX**)*  
Suite 144  
New Port Richey, FL 34654

3. 07/03/2014  
Date of filing/registration in Florida
4. L14000106045  
Document number

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

9119 Ridge Road  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
Suite 4  
New Port Richey, FL 34654

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

NEW Registered Office Address:  
9119 Ridge Road, STE 144  
New Port Richey, FL 34654

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.

Summer Demetrius  
Signature of a member or authorized representative of a member

Summer Demetrius  
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.*

Summer Demetrius  
Signature of Registered Agent