

L14000107093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

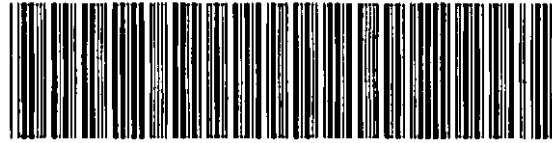
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Chg. Mgr's add. to  
New PO Box  
Ren Cheryl.

*[Signature]*

Office Use Only



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07/20/17--01020--006 \*\*25.00

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
17 JUL 20 AM 10:46

M. MILLIGAN

AUG 03 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Positive Screening 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:

Jules Franco

\_\_\_\_\_  
Name of Person

Positive Screening LLC

\_\_\_\_\_  
Firm/Company

PO Box 2168

\_\_\_\_\_  
Address

Palm Beach, FL 33480

\_\_\_\_\_  
City/State and Zip Code

julfranco@yahoo.com

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

For further information concerning this matter, please call:

Jules Franco

\_\_\_\_\_  
Name of Person

at ( 561 ) 312-3101

\_\_\_\_\_  
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: Positive Screening LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

327 Dyer Road

West Palm Beach, FL 33405

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

PO Box 2168

Palm Beach, FL 33480

7/7/2014

L14000107093

3. Date of filing/registration in Florida 4. Document number

5. (a) Jules Franco - Mgr

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

Jules Franco - Registered Agent

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

327 Dyer Road

West Palm Beach FL 33405

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

327 Dyer Rd.

NEW Registered Office Address:

West Palm Beach FL 33405

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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

Jules Franco

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