

L14000109423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 1, 2016

NIMESH DAYAL
P.O. BOX 645
GOTHA, FL 34734

SUBJECT: ADVANCED CLINICAL RESEARCH OF ORLANDO, PLLC
Ref. Number: L14000109423

We have received your document for ADVANCED CLINICAL RESEARCH OF ORLANDO, PLLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC., but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

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) 245-6051.

Stacey M Mason
Regulatory Specialist II

Letter Number: 916A00002145

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADVANCED CLINICAL RESEARCH OF ORLANDO, 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:

NIMESH A DNYAZ

Name of Person

ADVANCED CLINICAL RESEARCH OF ORLANDO

Firm/Company

P.O. Box 645

Address

GOTHA FL 34734

City/State and Zip Code

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

For further information concerning this matter, please call:

NIMESH A DNYAZ

Name of Person

at (

731 695 0834

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: ADVANCED CLINICAL PETENT OF ORLANDO, LLC.

2. (a) 1002 S DILLARD ST.

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

SUITE 118

WINTER GARDEN, FL 34787

5.30.2014.

(b) P.O. Box 645

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

GUTHA

FL 34734.

L14600169423.

3. Date of filing/registration in Florida

4. Document number

5. (a) NIMESH A DNYAL

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

9507 CAKE BUGH DR.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

GUTHA

, FL 34734.

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

1002 S DILLARD ST.

NEW Registered Office Address:

SUITE 118

WINTER GARDEN

, FL 34787

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

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

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE