

L1400019940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

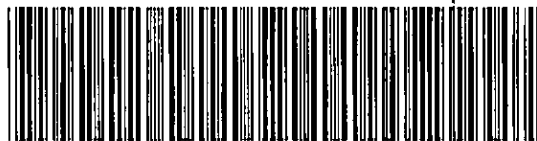
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 OCT 24 AM 7:01

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OCT 26 2017

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 28, 2017

GSC OF GREATER PB COUNTY
200 E LAS OLAS BLVD STE 2030
FT LAUDERDAKE, FL 33301-2488

SUBJECT: GOLD STANDARD OF CARE OF GREATER PALM BEACH
COUNTY, LLC
Ref. Number: L14000119940

Upon receipt of your letter and/or check(s) totaling \$25.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GOLD STANDARD OF CARE OF GREATER PALM BEACH COUNTY, 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:

Anna Lenchus ESQ.

Name of Person

GOLD STANDARD OF CARE OF GREATER PALM B

Firm/Company

2385 NE Executive CTR DR. Suite 100

Address

Boca Raton, FL 33431

City/State and Zip Code

alenchus @ google mail com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anna Lenchus ESQ.

Name of Person

at (561) 981-6118

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: GOLD STANDARD OF CARE OF GREATER PALM BEACH CO

2. (a) <u>6026 Old Congress Road</u>	(b) <u>200 S. ROSEMARY AVE UNIT 2</u>
Principal office address of limited liability company: (Note: <u>MUST BE STREET ADDRESS</u>)	Mailing address of limited liability company: (Note: <u>MAY BE POST OFFICE BOX</u>)
<u>Lantana, FL 33462</u>	<u>WEST PALM BEACH, FL 33401</u>

3. <u>07/31/2014</u>	4. <u>L14000119940</u>
Date of filing/registration in Florida	Document number

5. (a) Marc Eisenmann
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
200 S. ROSEMARY AVE UNIT 2

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

WEST PALM BEACH, FL 33401

(b) Anna Lenchus ESQ.
Enter name of NEW Registered Agent and/or NEW Registered Office address:

2385 NE Executive CTR DR. Suite 100

NEW Registered Office Address:

Boca Raton, FL 33431

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.

Marc Eisenmann

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

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA