

L14000147244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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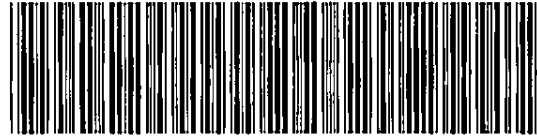
(Business Entity Name)

(Document Number)

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D. BRUCE
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COVER LETTER

TO: Registration Section
Division of Corporations

Mandarin Pain Solutions, PLLC

SUBJECT: _____
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:

Laurie McIntyre

Name of Person

(Individual)

Firm/Company

1187 Wild Ginger Lane

Address

Fleming Island, FL 32003

City/State and Zip Code

MandarinPainSolutions@yahoo.com

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

For further information concerning this matter, please call:

Laurie McIntyre 904 422-7300

____ at (____) _____

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

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**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.

Mandarin Pain Solutions, PLLC

1. Name of the limited liability company: _____

2. (a) 1827 Commodore Point Drive (b) PO Box 600643

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

Fleming Island, FL 32003

Jacksonville, FL 32260

September 19, 2014

L14000147244

3. United States Corporation Agents

4. Document number

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

13302 Winding Oaks Court Suite A

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tampa 33612
FL

(b) Laurie McIntyre

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

1187 Wild Ginger Lane

NEW Registered Office Address:

Fleming Island 32003
FL

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.

Steven McIntyre
Signature of a member or authorized representative of a member

Steven McIntyre

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.

Laurie McIntyre
Signature of Registered Agent

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

FILING FEE: \$25.00

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2014 OCT 22 PM 3:04
TALLAHASSEE, FL
DIVISION OF CORPORATIONS