

L14000168550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

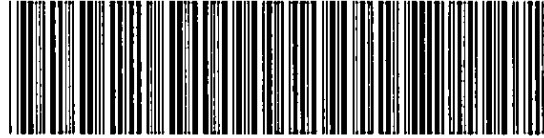
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JAN 10 PM 12:57

12/28/17--01024--007 **25.00

K. SALY
JAN 11 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 29, 2017

DESTINY BAYLOR
PARACORP INCORPORATED
2804 GATEWAY OAKS DR #100
SACRAMENTO, CA 95833

SUBJECT: CENTRAL FLORIDA PEDIATRIC URGENT CARE LLC
Ref. Number: L14000168550

We have received your document for CENTRAL FLORIDA PEDIATRIC URGENT CARE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

FORM MUST CONTAIN CURRENT REGISTERED AGENT ON LINE 5A

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 Warren
Regulatory Specialist II

Letter Number: 117A00026318

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CENTRAL FLORIDA PEDIATRIC URGENT CARE 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:

Destiny Baylor

Name of Person

Paracorp Incorporated

Firm/Company

2804 Gateway Oaks Dr #100

Address

Sacramento, CA 95833

City/State and Zip Code

paracorp@myparacorp.com

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

For further information concerning this matter, please call:

Destiny Baylor

at (800) 533-7272

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: CENTRAL FLORIDA PEDIATRIC URGENT CARE LLC
2. (a) 425 S HUNT CLUB BLVD (b) 425 S HUNT CLUB BLVD
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
- Suite 1001 Suite 1001
APOPKA, FL 32703 APOPKA, FL 32703
- 10/29/2014 L14000168550
3. Date of filing/registration in Florida 4. Document number

5. (a) B&C Corporate Services of Central Florida, Inc.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
390 N. Orange Ave Ste. 1400
Orlando, FL 32801

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

155 Office Plaza Drive, 1st Floor
NEW Registered Office Address:

Tallahassee, FL 32301

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.

Scott G. Miller
Signature of a member or authorized representative of a member

Scott G. Miller
Printed or typed name of signer

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.

Milton Vary
Signature of Registered Agent

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

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