

L14000176872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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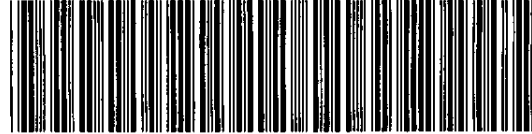
(Business Entity Name)

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TALLAHASSEE, FLORIDA

JUL 23 2015

11:24:00 AM

COVER LETTER*

TO: Registration Section
Division of Corporations

SUBJECT: Medical Device Specialists, 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:

Abeer Nejeh Rukab

Name of Person

Medical Device Specialists, LLC

Firm/Company

4725 Kernan Mill Lane East

Address

Jacksonville, FL 32224

City/State and Zip Code

abeer.rukab@gmail.com

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

For further information concerning this matter, please call:

Abeer Rukab

at (904)

434-2545

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: Medical Device Specialists, LLC
2. (a) 4725 Kernan Mill Lane East
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Jacksonville, FL 32224
- (b) 4725 Kernan Mill Lane East
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Jacksonville, FL 32224
3. November 14, 2014
Date of filing/registration in Florida
4. L14000176872
Document number

5. (a) Robinson Collins, P.L.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

3955 Riverside Avenue

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Suite 350

Jacksonville, FL 32205

- (b) Abeer Nejem Rukab

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

4725 Kernan Mill Lane East

NEW Registered Office Address:

Jacksonville, FL 32224

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TALLAHASSEE, FLORIDA

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

Abeer Nejem Rukab July 22nd, 2015
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] July 22nd, 2015
Signature of Registered Agent