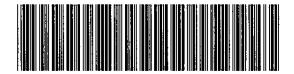
## 114000180908

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL,
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		





800273474938

05/29/15--01016--017 \*\*125.00

SECRETARY OF STATE ALLAHASSEE, FLORIDA

1JUH 0'5 ZEIS ), BRUCE

## **COVER LETTER**

	•		
TO: Registration Section Division of Corporations			
SUBJECT: JUNO DOCATOR Name of Limit	ed 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:		
Olen Cohen Name of Person			
JUNO DOCTORS GROUP, C	LIC		
3507 Kyoto Gardens	Dr., St. 330		
Pah Beach Gardens FZ 3 City/State and Zip Code	33410	2015 SECF TALLA	
Ght house covered on a gnd of gradil address: (to be used for future annual eport	notification)	MAY 29 RETARY I AHASSEE	
For further information concerning this matter, please cal	<b>l</b> :	P I OF SI	
Robecca Fields at (S	561 906,4849 Area Code & Daytime Telepho	one 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		

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

□ \$25 Filing Fee

Enclosed is a check for the following amount:

## , 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: 500 Doctors Gross	DILLC.
2. (a) 3507 Kyoto Gardys Dr. (b) 3507 Kyoto ( Principal office address of limited liability company:  Mailing address of limited	Gerdens Dr
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST	
Sulte 330 Sulte 33	0
PBG, FZ 33410 PBGFL 33	110
	80908
3. Date of filing/registration in Florida 4. Document number	,
5. (a) Corporation Service Company Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
Tallahassec ,FL 32801	2015 N
Enter name of NEW Registered Agent and/or NEW Registered Office address:  3507 Kunto Gardens Drive	FILED NAY 29 P 1
NEW Registered Office Address:)	107 P
PBG ,FL 33410	• 1
If the limited liability company is not organized under the laws of the State of Florida, it is hereby con the change or changes are made, the Florida street address of the registered office and the business off agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed the was/were authorized by an affirmative vote of the members of the limited liability company or as othe the articles of organization or the operating agreement of the limited liability company.	ice of the registered nat the change(s) rwise provided in
Signature of a member of authorized representative of a member  Signature of a member of a	signee
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree provisions of all statutes relative to the proper and complete performance of my duties, and I am family the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this doct to merely reflect a change in the registered office address, I hereby confirm that the limited liability contified in writing of this change.  Signature of Registered Agent	to comply with the