

8/1/2018

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**L1500009107**

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.  
Account Number : I20010000062  
Phone : (323)962-8600  
Fax Number : (323)962-3889

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC REGISTERED AGENT CHANGE  
GRYPHON HEALTHCARE MANAGEMENT, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

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TALLAHASSEE, FLORIDA

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AUG 02 2018

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GRYPHON HEALTHCARE MANAGEMENT, 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:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N. Brand Blvd., 10th Floor

Address

Glendale, CA 91203

City/State and Zip Code

anne@212dentalcare.com

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

For further information concerning this matter, please call:

Cheyenne Moseley

Name of Person

at ( 800 )

773-0888 ext 9724

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: GRYPHON HEALTHCARE MANAGEMENT, LLC
2. (a) 600 Fairway Dr  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
Ste 206  
DEERFIELD BEACH, FL 33441
- (b) 600 Fairway Dr  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
Ste 206  
DEERFIELD BEACH, FL 33441
3. 01/15/2015  
Date of filing/registration in Florida
4. L15000009107  
Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
SANTAMARIA, WILLIAM  
Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)  
600 Fairway Dr Ste 206  
DEERFIELD BEACH, FL 33441
- (b) UNITED STATES CORPORATION AGENTS, INC.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
13302 WINDING OAK COURT, SUITE A  
NEW Registered Office Address:  
TAMPA, FL 33612

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.

William Santamaria  
Signature of a member or authorized representative of a member

WILLIAM SANTAMARIA  
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.

Cheyenne Moseley  
Signature of Registered Agent  
CHEYENNE MOSELEY, ASSISTANT SECRETARY, UNITED STATES CORPORATION AGENTS, INC.

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