

L15000637112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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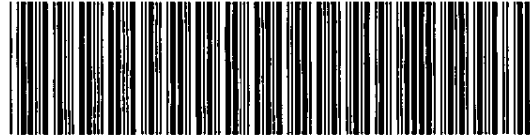
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

June 24, 2015

BIOMED SOLUTIONS LLC  
ERIN E WUJEK  
200 ALAMEDE WAY, APT 104  
PALM BEACH GARDENS, FL 33410

SUBJECT: BIOMED SOLUTIONS LLC  
Ref. Number: L15000033112

We have received your document for BIOMED SOLUTIONS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 915A00013324

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BioMed Solutions

Name of Corporation

**DOCUMENT NUMBER:** L15000033112

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Erin E Wujek

Name of Contact Person

BioMed Solutions LLC

Firm/Company

200 Alameda Way Apt 104

Address

Palm Beach Gardens FL 33410

City/State and Zip Code

ewujek@gmail.com

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

For further information concerning this matter, please call:

Erin E Wujek

Name of Contact Person

at ( 336 ) 331-2568

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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: BioMed Solutions LLC
2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
- 200 Alameda Way Apt 104 200 Alameda Way Apt 104  
Palm Beach Gardens FL 33410 Palm Beach Gardens FL 33410
- 2/23/2015 L15000033112
3. Date of filing/registration in Florida 4. Document number

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

12904 50<sup>th</sup> CTE  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Parrish, FL 34219

- (b) Erin E Wojek  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

200 Alameda Way Apt 104  
NEW Registered Office Address:

Palm Beach Gardens, FL 33410

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

Erin E Wojek  
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]  
Signature of Registered Agent

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

FILED  
15 JUL 20 AM 10:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA