

LE000033215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 14 2015

G. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMERICA HEALTH INNOVATIONS 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:

ROSA CATALINA RUIZ O.D.

Name of Person

AMERICA HEALTH INNOVATIONS LLC.

Firm/Company

8039 MURANO CIR

Address

PALM BEACH GARDENS FL 33418

City/State and Zip Code

WASEEM@AMERICAHEALTHINNOVATIONS.COM

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

For further information concerning this matter, please call:

MUHAMMAD WASEEM KHAN at 561 3985609

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

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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.

2. (a) 8039 MURANO CIR

PALM BEACH GARDENS FL 33418

(b) 8039 MURANO CIR

PALM BEACH GARDENS FL 33418

L15000033215

4. Document number

PALM BEACH GARDENS FL 33418

FL 33418

8039 MURANO CIR PALM BEACH GARDENS FL 33418

NEW Registered Office Address:

FL

Muhammad Khan

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 of Registered Agent

FILING FEE: \$25.00