

L15000046388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100292296961

11/14/16--01048--004 **25.00

FILED

16 NOV 14 AM 11:46

DIVISION OF COURT OPERATIONS

O SIMMONS

NOV 16 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida's Choice Healthcare
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:

Michael C. Roberts
Name of Person

Florida's Choice Healthcare
Firm/Company

100 4th Ave S. Unit #136
Address

ST. Petersburg, FL 33701
City/State and Zip Code

Michaelcroberts@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Roberts at (727) 288-1078
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: Florida's Choice Healthcare

2. (a) Florida's Choice Healthcare (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

555 18th Ave NE
ST. Petersburg, FL, 33704

03/13/2015

L15000046388

3. Date of filing/registration in Florida

4. Document number

5. (a)

Michael C. Roberts / Michael Roberts

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

NEW ADDRESS

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

100 4th Ave S. UNIT #136
ST. Petersburg, FL 33701

(b)

Michael Roberts

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

NEW ADDRESS

NEW Registered Office Address:

100 4th Ave S. UNIT #136
ST. Petersburg, FL 33701

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.

Michael C. Roberts
Signature of a member or authorized representative of a member

Michael C. Roberts
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.

Michael C. Roberts
Signature of Registered Agent

FILED
16 NOV 14 AM 11:46
DIVISION OF CORPORATIONS