

L15000105383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

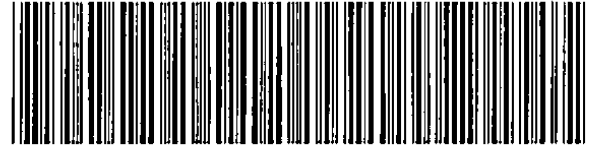
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800334632768

FILED
19 SEP 17 PM 1:52
TALLAHASSEE, FLORIDA

19 SEP 17 AM 9:16

K. SALY
SEP 18 2019



COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Date: **September 17, 2019**

Account#: I20000000088

Name: **KEN HOWELL**

Reference #: **1112005**

Entity Name: **OPTIMA HEALTHCARE SOLUTIONS, LLC**

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ ~~Change of Agent~~

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

**ISSUES? CALL
KEN:
518-213-0738**

Authorized Amount: **\$25.00**

Signature: _____

• CORPORATE HQ
COGENCY GLOBAL INC.
10 E 40 ST, 10 FL
NY, NY 10016
800.221.0107
+1.212.947.7200

• EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
REGISTERED IN ENGLAND & WALES
REGISTRY # 07072
6 BEVIS MARKS, 17/F
LONDON EC3A 7BA
+44 (0)20.3786.1090

• ASIA PACIFIC HQ
COGENCY GLOBAL (HK) LIMITED
A HONG KONG LIMITED COMPANY
INFINITUS PLAZA, 12TH FL
199 DES VOEUX RD CENTRAL
HONG KONG
+852.3975.1803

**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: OPTIMA HEALTHCARE SOLUTIONS, LLC

2. (a) <u>4229 SW HIGH MEADOWS AVE</u> Principal office address of limited liability company: (Note: <u>MUST BE STREET ADDRESS</u>) <u>PALM CITY FL 34990</u>	(b) <u>4229 SW HIGH MEADOWS AVE</u> Mailing address of limited liability company: (Note: <u>MAY BE POST OFFICE BOX</u>) <u>PALM CITY FL 34990</u>
---	---

3. <u>August 20, 1992</u> Date of filing/registration in Florida	4. <u>L15000105383</u> Document number
---	---

5. (a) LOZEAU, LOUIS, JR
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1002 SE MONTEREY COMMONS BLVD STE 100
Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)
STUART, FL 34996

(b) COGENCY GLOBAL INC.
Enter name of NEW Registered Agent and/or NEW Registered Office address:
115 North Calhoun St., Suite 4
NEW Registered Office Address:
Tallahassee, FL 32301

FILED
19 SEP 17 PM 1:57
TALLAHASSEE, FLORIDA

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.

/s/ <u>Patrick Rooney</u> Signature of a member or authorized representative of a member	<u>Patrick Rooney</u> 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.

Tim Mayville
Signature of Registered Agent
Tim Mayville, Assistant Secretary
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00