

L15000125769

(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



200390035362

06/30/22--01012--013 **25.00

FILED
SECRETARY OF STATE
2022 JUN 30 AM 9:30
RECEIVED CORPORATION

J DENNIS
SEP 30 2022

Bruce D. Barkett
Lisa Thomson Barnes
Calvin B. Brown
Gregg M. Casalino
George G. Collins, Jr.
Aaron V. Johnson
C. Douglas Vitunac

Jonathan D. Barkett
Taylor Kennedy Lubas
Ashley J. Novander
Megan N. Root
Joseph E. Sleman, Jr.

OF COUNSEL
William W. Caldwell (Ret.)
Ralph L. Evans
Michael J. Garavaglia
Steven L. Henderson



ATTORNEYS AT LAW

756 Beachland Boulevard Vero Beach, Florida 32963
Post Office Box 643686 Vero Beach, Florida 32964-3686

1. Board Certified Real Estate
2. Master Of Laws Taxation
3. Master Of Laws Real Property Development
4. Master Of Laws Estate Planning & Elder Law
5. Certified Circuit Mediator
6. Also Admitted In The Commonwealth Of The Bahamas
7. Master Of Laws In Environmental & Natural Resources

June 28, 2022

Florida Department of State
Division of Corporations, Corporate Filings
P. O. Box 6327
Tallahassee, Florida 32314

Re: Vero Dialysis Investments, L.L.C. -- Document #L15000125769

Dear Sirs:

Regarding the referenced limited liability company, please find enclosed a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for filing. Please provide my office with confirmation of this change.

I am also enclosing our firm's check in the amount of \$25.00 representing filing fee.

Thank you for your consideration in this matter.

Very truly yours,

Taylor Kennedy Lubas

TKL./mja
Enclosures

PHONE: 772.231.4343 | FAX: 772.234.5213 | WWW.VEROLAW.COM

**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: Vero Dialysis Investments, L.L.C.

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

777 37th Street, Suite C-107

Vero Beach, FL 32960

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

Same

7/22/2015

L15000125769

3. Date of filing/registration in Florida 4. Document number

5. (a) Dean Mead Services, LLC

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

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

420 S. Orange Avenue, Suite 700

Orlando, FL 32801

(b) Taylor Kennedy Lubas

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

Collins Brown Barkett, Chartered

NEW Registered Office Address:

756 Beachland Boulevard

Vero Beach, FL 32963

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 of a member or authorized representative of a member

Richard J. Handler

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 of Registered Agent

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