

L15000134414

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

2016 APR 21 PM 4:24

TALLAHASSEE, FLORIDA

March 3, 2016

VITALS MEDX, LLC
5204 RIPPLE CREEK DR.
TAMPA, FL 33625

SUBJECT: VITALS MEDX, LLC
Ref. Number: L15000134414

We have received your document for VITALS MEDX, 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):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

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.

Michelle Milligan
Senior Section Administrator

Letter Number: 216A00004491

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vitals Medx, 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:

Thomas Stetler
Name of Person

Vitals Medx, LLC
Firm/Company

3500 38th Ave N.
Address

St. Petersburg, FL 33713
City/State and Zip Code

t.stetler@neurogenx.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas Stetler at (813) 598-5798
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: Vitals Medix LLC

2. (a) 5204 Ripple Creek Dr. (b) 5204 Ripple Creek Dr.

Principal office address of limited liability company:

Mailing address of limited liability company:

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

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

Tampa, FL 33625

Tampa, FL 33625

3. August 06, 2015 4. LI5000134414

Date of filing/registration in Florida

Document number

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

5204 Ripple Creek Dr Tampa, FL 33625
Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

Tampa, FL 33625

(b) Thomas Stetler
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

3500 38th Ave N.
NEW Registered Office Address:

St. Petersburg, FL 33713

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

Printed or typed name of signer

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

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2016 APR 21 PM 12:21
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TALLAHASSEE FLORIDA