

L15 000145952

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2019 APR 29 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FL

Handwritten signature



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 26, 2019

PATRICK LAWRENCE
QUALIFIED HEALTH SOLUTION, LLC
833 22ND STREET SOUTH
ST. PETERSBURG, FL 33712

SUBJECT: QUALIFIED HEALTH SOLUTION, LLC
Ref. Number: L15000145982

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE DOCUMENT MUST BE SIGNED BY AN AUTHORIZED PERSON AND THE NEW REGISTERED AGENT. PLEASE RESUBMIT.

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) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 619A00005903

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SECRETARY OF STATE
TALLENT, SUSAN
CORP. DIV.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Qualified Health Solution, 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:

Patrick lawrence

Name of Person

Qualified Health Solution, LLC

Firm/Company

833 22nd Street South

Address

St. Petersburg, FL 33712

City/State and Zip Code

info@qualifiedhealthsolution.com ✓

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

For further information concerning this matter, please call:

Dr. Nicole Fields at (757) 342-8764
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: Qualified Health Solution, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

833 22nd Street South

St. Petersburg, FL 33712

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

833 22nd Street South

St. Petersburg, FL 33712

3. 3/12/2019 8/26/2015
Date of filing/registration in Florida

4. L15000145912
Document number

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

Patrick Lawrence

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

833 22nd Street South

St. Petersburg, FL 33712

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

Dr. Nicole Fields

NEW Registered Office Address:

833 22nd Street South

St. Petersburg, FL 33712

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2019 APR 29 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FL

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.

Patrick Lawrence
Signature of a member or authorized representative of a member

Dr. Nicole Fields / Patrick Lawrence
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.

Patrick Lawrence
Signature of Registered Agent