

2/5/2019

Division of Corporations

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

T. CLINE

FEB - 8 2019

LLC REGISTERED AGENT CHANGE  
MY VIRTUAL DOCTOR, LLC

EXAMINER

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3 PAGE FAX

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February 6, 2019

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

MY VIRTUAL DOCTOR, LLC  
7451 WILES ROAD, STE 105  
CORAL SPRINGS, FL 33067

SUBJECT: MY VIRTUAL DOCTOR, LLC  
REF: L15000176507

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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Agnes Lunt  
Regulatory Specialist III

FAX Aud. #: H19000041583  
Letter Number: 719A00002597

CLERK OF STATE  
TALLAHASSEE, FLORIDA

2019 FEB -5 AM 9:15

FILED

# 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: My Virtual Doctor, LLC

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

7451 WILES ROAD 105

CORAL SPRINGS, FL 33067

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

10/16/2015

L15000176507

3. Date of filing/registration in Florida

4. Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

7451 WILES ROAD, STE 105

CORAL SPRINGS, FL 33067

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

C T Corporation System

NEW Registered Office Address:

1200 South Pine Island Road

Plantation, FL 33324

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/ ADAM HANDFINGER

ADAM HANDFINGER

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.

By: C T Corporation System

Christine Keim

Signature of Registered Agent Christine Keim-Asst. Secretary

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

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