

2/5/2019

Division of Corporations

L15000176507

Florida Department of State
Division of Corporations
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LLC REGISTERED AGENT CHANGE
MY VIRTUAL DOCTOR, LLC

EXAMINER

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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.

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Agnes Lunt
Regulatory Specialist III

FAX Aud. #: H19000041583
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TALLAHASSEE, FLORIDA

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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 10/16/2015 (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 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

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(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 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.

By: C T Corporation System Christine Keim-Asst. Secretary Signature of Registered Agent

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