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## COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: INDIAN RIVER MEDICAL	IT LLC						
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.						
Please return all correspondence concerning t	this matter to the following:						
Victor Frisk							
Name of Person	<del></del>						
Indian River Medical IT							
Firm/Company	<del></del>						
PO Box 691042							
Address							
Vero Beach, FL 32969							
City/State and Zip Code							
vic@irmit.com							
E-mail address: (to be used for future a	nnual report notification)						
For further information concerning this matter	er, please call:						
Victor Frisk	772 410 4561						
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:							
525 Filing Fee	D \$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 compansubmits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Į N;	and of the limited liability company: INDIAN RIVE	ER ME	JICAL	T LLC	
2, (a)			h)_		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		-	Mailing address of	limited liability company:  E POST OFFICE BOX)
	2559 WEBB AVE., #3		РО	Box 691042, Ver	o Beach FL 32963
	Delray Beach FI 33444		-		
	10/27/2015		L1500	00182922	
3.	Date of filing/registration in Florida	4.		Document nun	nber
5. (a)					
	Registered Agent and Registered Office shown on the records of Victor Frisk, AR	t the Florid	а Dept. о	of State:	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u></u>		20
	8565 Seacrest Dr	11121211120	<u>.,</u>		2019 S
	Vero Beach	32963	····		: 1
	, F1				9
(b)					
(0)	Enter name of NEW Registered Agent and/or NEW Registered	l Office ad	dress:	<del></del>	. ~ ~
	Victor Frisk				0.5
	NEW Registered Office Address;			<del></del>	
	366 Live Oak Drive		<u> </u>		
	Vero Beach	32963			
he char igent w vas/wer he artic	mited liability company is not organized under the law age or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited li- re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the are of a member or authorized representative of a member	the regi- ability co of the lim limited l	stered o ompany sited lia	office and the busine , it is hereby confirm bility company or as company.	ess office of the registered ned that the change(s) s otherwise provided in
provision he oblig o mere notified	y accept the appointment as registered agent and agrifons of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address. I in writing of the change in writing of the change in writing of the change.	nertorm	ance of	'moduties and Lan	r familiar with and accor