

L15000192817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

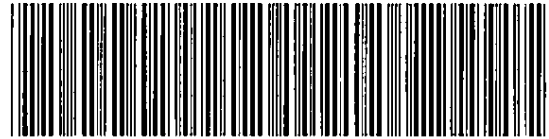
(Business Entity Name)

(Document Number)

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[Signature]

R. HUNT

10/18/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Path Medical 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:

Darleen McEwen

Name of Person

PATH MEDICAL ACQUISITION COMPANY INC

Firm/Company

4255 W. Commercial Blvd.

Address

Tamarac, Florida 33319

City/State and Zip Code

information@pathmedical.com

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

For further information concerning this matter, please call:

Darleen McEwen

954

735-6584

at (_____) _____

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: PATH MEDICAL, LLC

2. (a) PATH MEDICAL, LLC (b) _____

Principal office address of limited liability company:

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

4255 W. Commercial Blvd.

Tamarac, Florida 33319

Mailing address of limited liability company:

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

11/13/2015

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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:

PATH MEDICAL ACQUISITION COMPANY, INC.

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

2304 W OAKLAND PARK BLVD

FT LAUDERDALE, FL 33311

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

PATH MEDICAL ACQUISITION COMPANY, INC.

NEW Registered Office Address:

4255 W. Commercial Blvd.

Tamarac, FL 33319

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]
Signature of **NEW** authorized representative of a member

Robert Adams

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.

[Signature]
Signature of **Registered Agent**