

W5000210475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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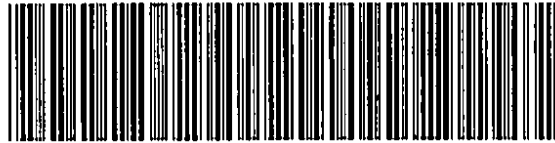
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADVANTACARE MULTI-SPECIALTY GROUP LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN MANCUSO

Name of Person

ADVANTACARE MULTI-SPECIALTY GROUP LLC

Firm/Company

697 MAITLAND AVE

Address

ALTAMONTE SPRINGS FL 32701

City/State and Zip Code

AP@ADVANTACAREFLORIDA.COM

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

For further information concerning this matter, please call:

KERRIANN FITZPATRICK

407 928-1901
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 607.011, 607.012, 607.013, 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 ADVASTACARE MULTISPECIALTY GROUP LLC
2. (a) 607 MAITLAND AVE (b) 607 MAITLAND AVE
Principal office address of limited liability company Mailing address of limited liability company
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
ALTAMONTE SPRING FL 32701 ALTAMONTE SPRINGS FL 32714

3. 12-21-2015 4. 115000210478
Date of filing registration in Florida Document number

5. (a) MICHAEL E. SMITH
Registered Agent and Registered Office shown in the records of the Florida Department of State
1101 DUFF-GILAS AVENUE
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
ALTAMONTE SPRING FL 32714

(b) CHAD A. BARR ESQ
Enter name of NEW Registered Agent and of NEW Registered Office address
238 N. WESTMONT DR
NEW Registered Office Address
STE 200
ALTAMONTE SPRINGS FL 32714

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 changes 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.

John Mancuso JOHN MANCUSO
Signature of a member or authorized representative of a member Printed or typed name of signers

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 a registered agent as provided for in Chapter 607, F.S. Also, if this document is being filed to merely reflect a change in the registered office address, I herewith confirm that the limited liability company has been notified in writing of this change.

Chad A. Barr 8/18/2021
Signature of Registered Agent

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

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