

L160000 12360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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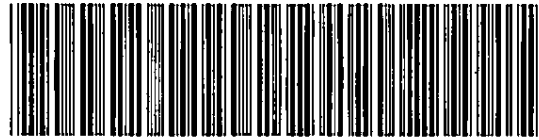
(Business Entity Name)

(Document Number)

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Ra Change

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Innovative Imaging of Jacksonville, 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:

Robert S. Rushing

Name of Person

Carver Darden Law Firm

Firm/Company

151 West Main Street, Suite 200

Address

Pensacola, FL 32502

City/State and Zip Code

rushing@carverdarden.com

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

For further information concerning this matter, please call:

Robert S. Rushing

850

266-2303

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

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20 AUG 12 AM 11:12

**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: Innovative Imaging of Jacksonville, LLC

2. (a) Innovative Imaging of Jacksonville, LLC (b) Innovative Imaging of Jacksonville, LLC

Principal office address of limited liability company:

Mailing address of limited liability company:

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

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

13021 Whisper Sound Drive

P.O. Box 270543

Tampa, FL 33618

Tampa, FL 33688

01/21/2016

L16000012360

3. Date of filing/registration in Florida

4. Document number

5. (a) Robert S. Rushing

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

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

801 W. Romana Street, Suite A

Pensacola, FL 32502

(b) Robert S. Rushing

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Carver Darden Law Firm

**NEW** Registered Office Address:

151 West Main Street, Suite 200

Pensacola, FL 32502

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 of a member or authorized representative of a member

Christopher LeCroy

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 of Registered Agent

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

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DIVISION OF CORPORATIONS