

L1100015116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

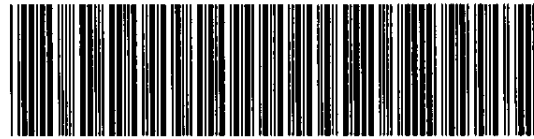
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Wrong form

Office Use Only



300294982243

02/01/17--01013--003 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 MAR -3 P 2:13

FILED

S Warren

MAR 06 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 2, 2017

JEAN SAINT JEAN
12013 FOUNTAINBROOK BLVD., APT. 1200
ORLANDO, FL 32825

SUBJECT: MIRACLE CARE RESPONDERS LLC
Ref. Number: L16000015116

We have received your document for MIRACLE CARE RESPONDERS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 717A00002190

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Miracle Care Responders 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:

Jean Saint Jean
Name of Person

Miracle Care Responders LLC
Firm/Company

12013 Fountainbrook Blvd. Apt. 1200
Address

Orlando, FL 32825
City/State and Zip Code

Miraclecareresponders@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jean Saint Jean at (772) 204-4987
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:

☐ \$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: Miracle Care Responders LLC
2. (a) 12013 FOUNTAIN BROOK BLVD. (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
- APT. 1200 ORLANDO, FL 32825 P.O. Box 678827
Orlando, FL 32867-8827
3. 01/21/2016 4. L16000015116
Date of filing/registration in Florida Document number
5. (a) LEGALINK CORPORATE SERVICES INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
5237 SUMMERLIN COMMONS
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
SUITE 400
FORT MYERS, FL 33907
- (b) Jean Saint Jean
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
12013 FOUNTAIN BROOK BLVD
NEW Registered Office Address:
APT. 1200
ORLANDO, FL 32825

2017 MAR -3 P 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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 a member or authorized representative of a member

Jean Saint Jean
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