

**L16000048573**

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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**MAR 10 2017**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Abarca Health FL 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:

Julybeth Alicea Rodriguez  
Name of Person

Schuster Aguiló LLC  
Firm/Company

PO Box 363128  
Address

San Juan P.R. 00936-3128  
City/State and Zip Code

nahir.gonzalez@abarcahealth.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julybeth Alicea at (787) 765-4646  
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: Abarca Health FL LLC

2. (a) 2121 PONCE DE LEON BLVD. SUITE 600 (b) 2121 PONCE DE LEON BLVD. SUITE 600  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

CORAL GABLES, FL 33134

CORAL GABLES, FL 33134

03/09/2016

L16000048573

3. Date of filing/registration in Florida 4. Document number

5. (a) MURAI WALD BIONDO & MORENO PLLC  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

2121 Ponce De Leon Blvd. - Suite 600

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Coral Gables, FL 33134

(b) InCorp Services, Inc.  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

17888 67th Court North

**NEW** Registered Office Address:

Loxahatchee, FL 33470

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.

✓ Guliyelb Alicca Rodriguez  
Signature of a member or authorized representative of a member

Guliyelb Alicca Rodriguez  
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.*

Leora Nealey Leora Nealey on behalf of InCorp Services, Inc.  
Signature of Registered Agent

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