

L 16000097369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

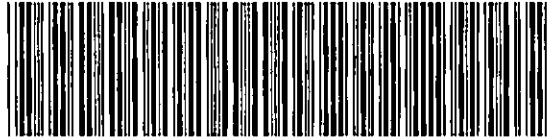
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

File per
Lyn Shortstaff
No change made for
RA on AR & it was filed.
DC

Office Use Only



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07/05/18--01022--000 **25.00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

18 JUL -2 PM 3:36

FILED

RA Change

7-3-18

DC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OCEAN REEF MEDICAL CENTER 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:

Eliux Velasquez

Name of Person

Ocean Reef Medical Center

Firm/Company

28810 S.W. 154 Avenue

Address

Homestead FL 33033

City/State and Zip Code

eliuxair@yahoo.com

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

For further information concerning this matter, please call:

Eliux Velasquez

Name of Person

at (786) 512-2594

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: Ocean Reef Medical Center LLC
2. (a) Ocean Reef Medical Center LLC (b) Ocean Reef Medical Center 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)
- 28810 SW 154 Avenue 28810 SW 154 Avenue
Homestead, FL 33033 Homestead, FL 33033
- 05/18/2016 L16000097369
3. Date of filing/registration in Florida 4. Document number
5. (a) (Resigned - See Below)
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Fishman, Lewis W
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
7700 North Kendall Drive
Miami, FL 33156
- (b) (New Agent - See Below)
Enter name of NEW Registered Agent and/or NEW Registered Office address:
Velasquez, Eliux
NEW Registered Office Address:
28810 S.W. 154 Avenue
Homestead, FL 33033

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Eliux Velasquez
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