

L16000 114 766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

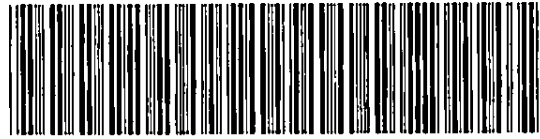
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2019 AUG -5 PM 1:22

AUG 12 2019

COVER LETTER

TO: Registration Section
Division of Corporations

2019 AUG -5 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Melrose Internal Medicine, 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:

Cheryl Anders
Name of Person

Think Big Health Care Solutions, LLC
Firm/Company

11924 Forest Hill Blvd Ste 10A-413
Address

Wellington, Florida 33414
City/State and Zip Code

cheryl.anders@thinkbighcs.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheryl Anders at (561) 758.3360
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: Melrose Internal Medicine, LLC

2. (a) 8188 Jog Road Ste 205 (b) c/o Think Big Health Care Solutions, LLC

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

Boynton Beach, Florida 33472

11924 Forest Hill Blvd Ste 10A-413

Wellington, Florida 33414

06/14/2016

L16000114766

3. Date of filing/registration in Florida

4. Document number

5. (a) Nancy Brown

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

c/o Think Big Health Care Solutions

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

11924 Forest Hill Blvd Ste 10A-413

Wellington, FL 33414

(b) Cheryl Anders

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

c/o Think Big Health Care Solutions

NEW Registered Office Address:

11924 Forest Hill Blvd Ste 10A-413

Wellington, FL 33414

2010 AUG -5 PM 1:22
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

Melissa Mujica D.O.
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