

L16000117455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

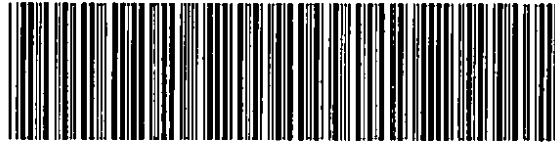
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200337516842

12/04/19--01011--013 **55.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 OCT -11 AM 8:25

RA Change

JAN 11 2020

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA HEALTH CARE MEDICAL GROUP, 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:

MARCIA RIVERA

Name of Person

FLORIDA HEALTH CARE MEDICAL GROUP

Firm/Company

107 JFK DRIVE Suite B

Address

Atlanta, FL 33462

City/State and Zip Code

mriviera@fhcmg.net

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

For further information concerning this matter, please call:

MARCIA RIVERA

Name of Person

at (561) 295-6962

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

FILED
DIVISION OF STATE
CORPORATIONS
19 DEC -11 AM 8:25

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: FLORIDA HEALTH CARE MEDICAL GROUP

2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 107 JFK DRIVE Suite B ATLANTA, FL 33462 (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)

3. Date of filing/registration in Florida 06/17/2016 4. Document number L16000117455

5. (a) CARLOS LOPEZ Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 107 JFK DRIVE Registered Office Address (MUST BE FLORIDA STREET ADDRESS) ATLANTA, FL 33462

(b) KENNETH MANCHON Enter name of NEW Registered Agent and/or NEW Registered Office address: 107 JFK DRIVE NEW Registered Office Address: ATLANTA, FL 33462

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
10 CTC - 1 21 8:25

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 Andrew BERKMAN Printed or typed name of signer

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