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June 27, 2017

## VIA FIRST CLASS U.S. POST

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

### Re: Change of Registered Agent

Dear Sir or Madam:

By way of introduction, our Firm represents Interprocure, LLC, a Florida limited liability company ("Company"). With respect to the Company, please find enclosed the following:

- 1. An original executed Change of Registered Agent Form ("Form"):
- 2. A copy of the Form: and
- 3. Our Firm's check No. 1158 in the amount of Twenty-Five and No/100<sup>th</sup> U.S. Dollars (\$25.00) for the fee associated with filing the Form.

Upon your receipt, please stamp the copy of the Form as "Received / Filed" and return it to our office using one of the self-addressed, postage-paid return envelopes provided for your convenience.

Then, please file the original Form in the records of the Division of Corporations. Finally, please update the registered agent for the Company on the Department's website. Should you have any questions regarding my request, please do not hesitate to contact me directly.

As always, I thank you for your attention to this matter.

Best regards.

Benjamin C. Stidham. Attorney-at-Law

Enclosures

### COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Interprocure, 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:

Benjamin C. Stidham, Esq.

Name of Person

Norris Legal Atlanta Law Group, LLC

Firm/Company

1180 West Peachtree Street NW, Suite 2450

Address

Atlanta, Georgia 30309

City/State and Zip Code

ben@norris-legal.com

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

For further information concerning this matter, please call:

404 855-3750
Area Code & Daytime Telephone Number
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
amount:

INHS18 (2/14)

# 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.

I. Na	ame of the limited liability company: Interprocure.	LLC		
			b)	
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	900 Circle 75 Parkway, Suite 1730		P.O. Bo	x 723596
	Atlanta, Georgia 30339		Atlanta,	Georgia 31139-0596
	August 11, 2016		L160001	50468
3.	Date of filing/registration in Florida	-4.		Document number
5. (a)				_
	Registered Agent and Registered Office shown on the records of	the Florid	ta Dept, of Sta	te:
	C T Corporation System			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>(S)</u>	22.
	1200 South Pine Island Road			
	Plantation	33324	ł	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>		<u> </u>	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office a	<u>ddress</u> :	10 A
	Sarina Bhole Rasmussen			
	NEW Registered Office Address:			_ ^
	5215 West Neptune Way			_
	Tampa F	33609	)	_
the cha agent v was/w the art Signa	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited l ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the autre of a member of authorized representative of a member by accept the appointment as registered agent and age ions of all statutes relative to the proper and complet ligations from position as registered agent as provid rely reflectin charge in the registered office address.	of the reg iability c of the lin e limited Be	istered offic company, it mited liabili liability co enjamin C.	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in mpany. Stidham, Esq. Printed or typed name of signee practive of further agree to comply with the

Signature of Registered Agent

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

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